STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

93

3. TIME OF DEATH

300 MM

8. BIRTHPLACE (State or Foreign

ay ( www

2. DATE OF DEATH

29c. LICENSE NUMBER

ful

7014

BE 9

31. DATE FILED (Month, Day, Year)

EEB 1 K 1993

FOR STATE REGISTRAR

. DECEDENT'S NAME (First, Middle, Last)

Mary Beach 2 -4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (MgHh, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 12-62-5640 DAYS HOURS 1 M 2 KF Sa. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Union Mumorial DIRECTOR Baltimere Baltimore MV RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 601 Wynnoke Ave. Apt. 526 21218 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPARIC ORIGIN? (S. If yes, specify Cuber, Mexican, Puerto Ricar If yes, specify Cubs 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIN ntary/Secondary (0-12) College (1-4 or 5+) equer Aken 17. FATHER'S NAME (First, 18 MOTHER'S NAME (First Mich ARMCE N/A ENNINGS N/A notified at 196. MAILING ADDRESS (Stre 2 Athlec 3 9 206. PLACE AND DATE OF DISPOSITION (Name of must 1 Burlal 2 Fermation 3 Ramoval from State 4 Donation 5 Dennir (Specify) 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF HE RAL SERVICE LICERSE ANNINO medical 23. PAH 1. Enter the diseases, or/complica shock, or heart failure. List only Cations that caused the death. Do not enter the mode of dying, such as cardiac one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Cardiai Failure event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Empolism vchable traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL vacture I.bial platane 1 [ PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Sp Inpatient 2 - ER/Outpatient 3 - DOA 6 28a. DATE OF INJURY (Month, Day, Year) 213 93 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRI Natural Fiell 1 5 Pending 8:30 AM 1 YES 2 NO BY 2 Accident 28e. PLACE DF INJURY - At home, farm, street, factory, office 3 Suicide 28f. LOCATIO 28 is 8 Could not be determined COMPLETED 4 Homicide Home (Lobby) Balt 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time TO THE FUNERAL D TO THE FUNERAL D Be filed within 72 hs 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

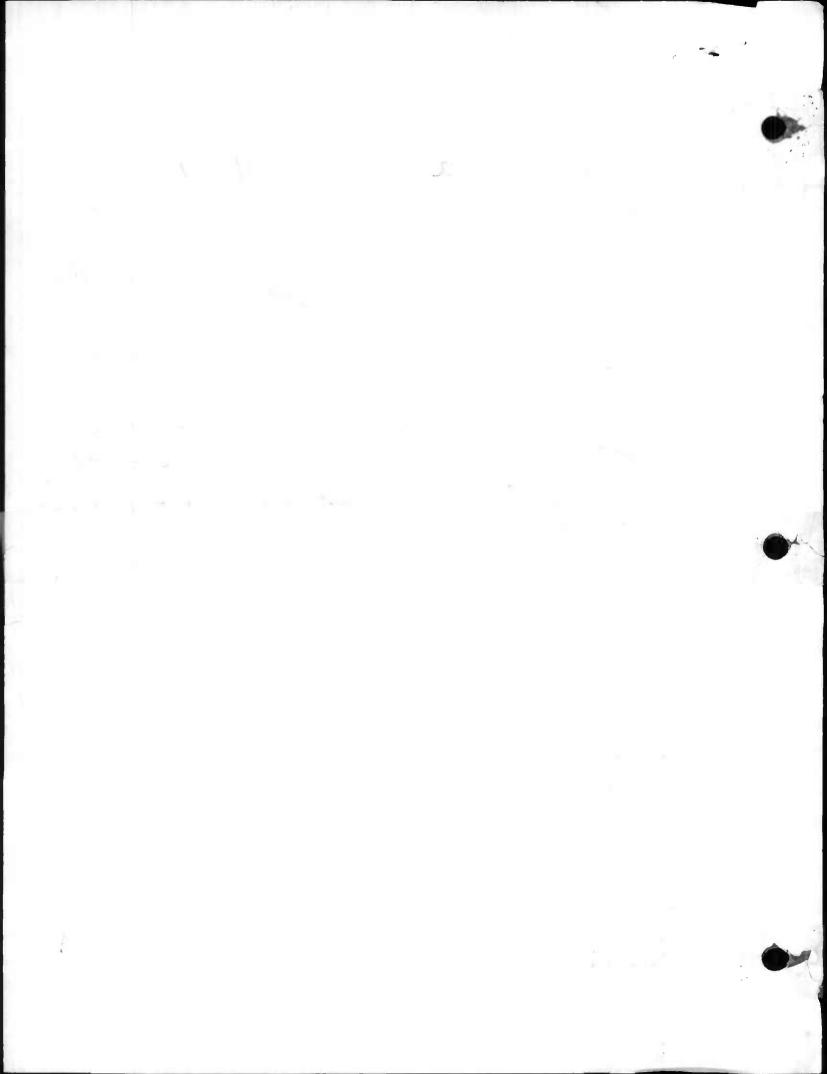
32. REGISTRAR'S SIGNATURE

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	LIMITS?
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10g. CITIZEN OF	WHAT COUNTRY?
u	,->./4 -
pecify Yes or No.— 14. RAC Black	CE — American Indian, ck, White, atc.
Spe	white
D OF BUSINESS/INDUSTRY	
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e, Malden Sumame)	
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city or Yown, State, Zip Code.	HR
20c. LOCATION - City or 1	own, State
DATE	119-
, 263 g Co	NKING St.
wal Home	21274
or respiratory arrest,	Approximate
	Interval Between Onset and Death
	15 min
	12 mil
. WAS AN AUTOPSY 24 PERFORMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
YES 2 NO	COMPLETION OF CAUSE OF DEATH?
	1 YES 2 NO
	3.22.23.00
ochy) Extended	Cover their
BE HOW INJURY OCCURED	
BE HOW INJURY OCCURED	nto floor
N (Street and Number or Rumi	Route Number
N (Street and Number or Rural wn, State) 601 Wy imore, MD	nnoke Ave.
) and manner as stated.	
place, and due to the cause	(a) and manner as stated.
29d. DATE SIGNE	D (Month, Day, Year)
1 2/	15793
univ Parke	ua Ball MD
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ling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lygiene prior to burial, cremation, or removal.

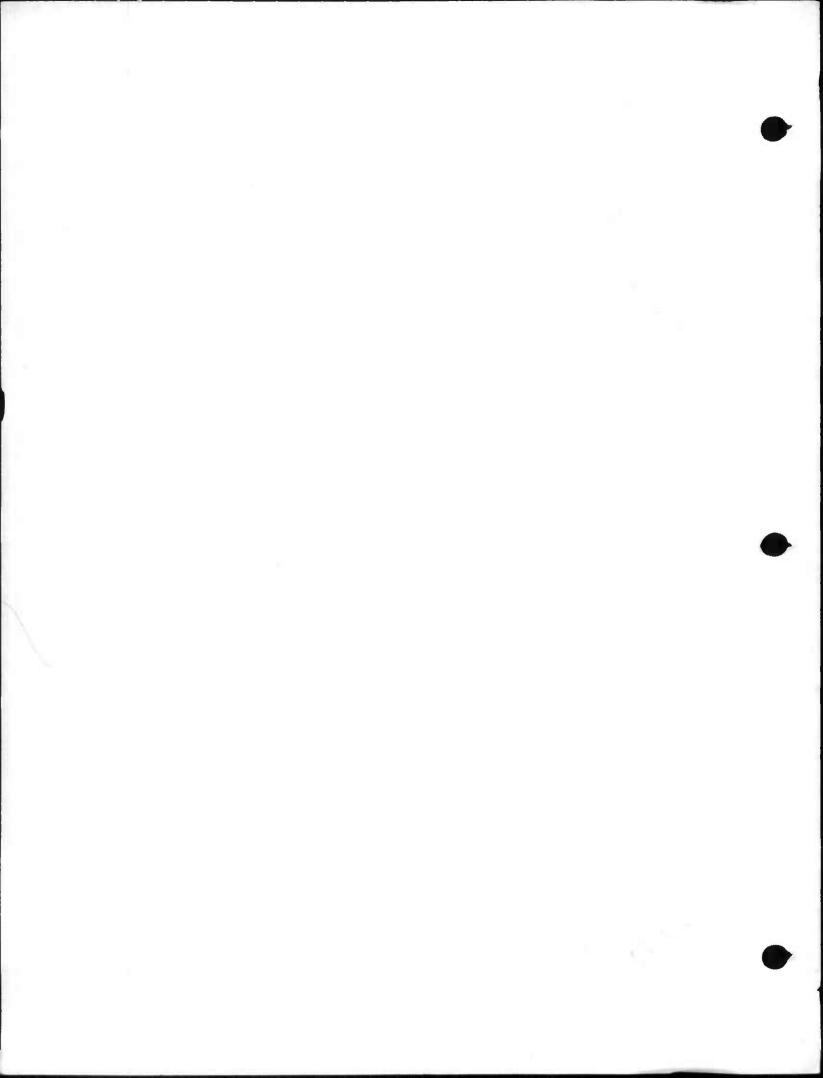
BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hos	lled in by the funeral director, page 5 should be detach , or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires part in the law rentificate be executed within 2- hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the many physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and property of the pro	IMPORTANT: If item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The I	TO THE FUNERAL DIRECTOR: After this certificate hat be filed within 72 hours after death with the State Di	IMPORTANT: If item 28 is marked, or item 3

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	REGISTRAR	STATE OF MARYLAND / CE	DEPARTMEN RTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	J	03302	
	41	SEX 6. AGE (In yrs. lest	birthday) IF UNDE YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH MONTH DAY  7. DATE OF BIRTH (Month, Day, Year)  11-25-03	9-3 6. BIRTHPL	TIME OF DEATH  ACE (State or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give street	ond number) MARY/	mo			COUNTY OF DEA	тн	
	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION  A / / / / / / O RC	100	100	Od. INSIDE CITY	
FUNERAL		RH Aven  WAS DECEDENT EVER IN U.S. ARB FORCES? 1 YES 2 WM	14C 13.	2/20	NIC ORIGIN? (Specify Yes or No.	U	American Indian,	
ED BY	1 Never Married 2 Married 3 Wildowed 4 Vivorced  15. DECEDENT'S EDUCATION	ON 16s. DEC	CEDENT'S USUAL O	1 YES 2 W NO Specif		Specify:	White	
COMPLETE	(Specify only highest grade com	pleted) (Giv	re kind of work done Do NOT use petired.)  MAD (U)	during most of working	AMERICA	N AMB	uince Cry	
BE	17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Fiye/Print)	Branda	+	18. MOTHER'S N	Regaret	"5c	heu He	
5	WILLIE RI 204. METHOD OF DISPOSITION	KN/ON 1	A B	SS (Street and Number or Rugal ROOK FICE SITION (Name of	DATE 20c. LOCATION	Zip Code)  LUI  City or Town	hervice	
	1 Burlel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENS	- G/	natory or other place	NAME AND ADDRESS OF FA	4 3/15 151	+ He	Md.	
	23. PART i. Enter the diseases, or carn	Jans	rue	2635.	Conkling S	it BAI	1/4 21224	
	shock, or heart failura. List immediate CAUSE (Final disease or condition resulting in death)	only one cause on each line.  Due to (on As a consecu	lmir	g slps	th ae cardlec dr-respiratory	arrest,	Approximata Interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO		<i>D</i>				
MEDICAL CE	PART II. Other significent conditions of  5/P stroke  Appertense	entributing to death but not re	euiting in the u	nderlying ceuse given in	Part I. 24a. WAS AN AUTOP PERFORMED?  1 YES 2 AN	S S	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:		Ulritus	ulce					
BY PHYS	1 VES 2 NO 1 1 0 27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO		Other (Specify)  DESCRIBE HOW INJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, fac	ctory, office	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Rou	te Number,	
COMPLETED	one) 2 MEDICAL EXAMINER: O	t: To the best of my knowledge, dean the beels of examination and/or in					nd manner as stated.	
TO BE	P	Papacio MD		29c. LICENSE NUI	CAC-TOTO AND M	DATE SIGNED (A	fonth, Day, Year) 4-9-3	

32. REGISTRAR'S SIGNATURE

pacio MD 67 1993

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UIU S. DOURS	tely filled in b	mation, or ren	the made
executed with	n and compie	to burial, cre-	imatic even
certificate be	nding physicia	Hygiene prior	r other fra
that the death	ed by the after	th and Mental	any Inlury
PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physic	has been sign	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any Injury or other traumatic event the medical examiner must be notified at once
HYSICIAN: IN	this certificate	with the State	
ATTENDING	ECTOR: After 1	rs after death	1MT. If Ham 28 is marked
IN OH	UNERAL DIR	ithin 72 hou	ANT: If HAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  RUBY MAE CARSON  2. DATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH MONTH 1. Q3 2. DATE OF DEATH MONTH 2. DAY YEAR 2. DATE OF DEATH MONTH MONTH 2. DAY YEAR 2. DATE OF DEATH MONTH MON
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  1 UNDER 1 YEAR  1 UNDER 24 HRS.  7. DATE OF BIRTH (Month) Day, Year)  1 UNDER 1 YEAR  1 UNDER 24 HRS.  7. DATE OF BIRTH (Month) Day, Year)  1 UNDER 1 YEAR  1 UNDER 24 HRS.  7. DATE OF BIRTH (Month) Day, Year)  1 UNDER 1 YEAR  1 UNDER 24 HRS.  7. DATE OF BIRTH (Month) Day, Year)
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN DR LOCATION OF DEATH  9c. COUNTY OF DEATH  1000 SAMARE TAN HOSP BALTIMORE)
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	10. STREET AND NUMBER
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S., ARMED  13. WAS DECENDENT OF NISPANIC DRIGHY? (Specify Yea or No.— 14. RACE — American Indian.
B	11. MARITAL STATUS  1
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  VARSES ALDE  HOSDITAL
	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)
BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
10	THOMASINA MITCHELL 5637 GOVANGARE BALTO, MO 21212
	20a. METNOD OF DISPOSITION  1 & Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE DISPOSITION (Name of company), crematory or other piece)  3 ALT MORE Name of 20c. LOCATION - City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  21. 21. 21. 21. 21. 21. 21. 21. 21. 21.
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line.
	Interval Between Image of Control
	resulting in death)  a. LIRETIA  DUE TO (OR AS A CONSEDUENCE OF):
N O	Sequentially list conditions, DEHYDRATION Yarus
Š	If any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST
CEH	d.
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i.  METATIATIC LUNG CANGER  248. WAS AN AUTOPSY PRIDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	GALLBLADDER CANCER 1 VES 2 NO OF DEATH?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATN (Check only one)
YSIC	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  288. DATE OF INJURY (Month, Day, Year)  288. INJURY AT WORK?  1 YES 2 NO  286. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO
	3 Suicide 6 Could not be detarmined 28a. PLACE DF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE DF CERTIFIED  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (TYPE, Print)
	NIZAR CHARAFEDDINE GOOD SAMARITAN HOSPITAL OF MARYLAND.
	FEB 16 1993



BALTIMORE, MARYLAND 21215-0029	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnand of Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	4 DECEMBER WALLE CO				02.11	THIOAI	<u> </u>	DLA		MEG. NO	).			
	1. DECEDENT'S NAME (Firs		des								DAY	YEAR	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER 5. SEX							7. DATE OF BIRTH	15	1993	9:00	Ам		
	E77 10 0E7	)	1)XXM 2 □ F	81		MONTHE	1	HOURS	MIN.	(Month, Day, Year)	0	Country)		
	577-10-9572 96. FACILITY NAME (II not it	01		ah Cti	TOWN Y	OR LOCAT	ION OF D	01/07/191	_	WASI	HINGTON	D.C.		
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Ĕ	RESIDENCE OF DE	CEDENT				boo		000	020)		111	OWGIC		
DIRECTOR	10e. STATE	10b. COUNT			10	c. CITY, TOWN						1	10d. INSIDE CIT	Y
	MD	Howa	ard			Ellic	ott	City					TES 2	NO
FUNERAL	10a. STREET AND NUMBER						10	f. ZIP COD	10.0		10g. CIT	TIZEN OF WH	AT COUNTRY?	
崽	4940-4 Do	rsey h		-				210	42		U.	S.A.		
ᆵ	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	13	If yes, a	CENDENT (	OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Bican, etc.)	s or No-	14. RACE - Black.	- American Ind White, etc.	len,
BY	3 Widowed 4 Dive		IF YES, GIVE Y	MAN OR DAT	TES		1 TYE	2 X NO	Specify	n, Puerto Rican, atc.) y:		Specify		3
	15. DEC	EDENT'S EDU	CATION		16e DECED	ENT'S USUAL	OCCUPATI	ON		16b. KIND OF BU	CIN FOO UN	)		
	(Specify on Elementary/Secondary (I	y highest grade	College (1-4 or 5		(Give ki	ind of work done NOT use retired.	during m	ost of worki	ng	THE CINE OF BO	SINCSS/IN	DUSTRY		1
PL	8th		College (1-4 of 5		ADMIN	ISTRAT	IVE	CIVI	L SEI	RVICE N	ATTO	NAL GU	IARD	
COMPLETED	17. FATHER'S NAME (First, A	liddle, Last)								ME (First, Middle, Meider				
BE C	PHILIP C.	COI	RRIDON					E	LSIE	E. M	ILLE	R		
TO B	190. INFORMANT'S NAME (	ype/Print)			19b. M/	AILING ADDRE	SS (Street	end Numbe	r or Rural I	Route Number, City or Tox				
۲	Frances C	orrido	on (Wife	3)						Drive, Ell			y, MD 2	21042
	20a METHOD OF DISPOSIT	ION	ound from Chate	20b. P	PLACEAND	DATE OF DISPO	SITION (N	ame of		OATE 20c. LO	OCATION -	City or Town	n, State	
1	4 Donation 5 Other	(Specify)	Oval from State	_ cemet	tery, cremato EORGE	WASHI	NGTO	N CEI	METEI	1				
	GEORGE WASHINGTON CEMETERY 2/19/93 ADELPHI, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY LETOY M. & RUSSELL C. Witzke Funeral Homes													
	1/2.1	101	With	Lo	1					lls Road,				
	23. PART I. Enter the d	seases, o	omplications the	t caused i	the death	Do not ente	r the m	de of du	ing eucl	iis Ruau,	COTU	mora,		045
1	snock, or n	eart lallure.	List Dnly one cau	use Dh sho	ch line.	DO HOL BINE		or dy	nig, suci	n as caldiac or reas	wratory ar	Test,	Approxim	letween
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1	resulting in death)		. A cut	(OR AS A C	CONSEQUEN	DU BLA F	عد	-	anc	-			mu	
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CERTIFICATION	Sequentially list condit if any, leading to imme				CONSEQUEN	ICE OF):			-				+1.3	
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MEDICAL	periohe		analu					g codso ;	givon in	PERFO	RMED2	A	MAILABLE PRIOR	TO
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¥	27. MANNER OF DEATH		1 □ Inpatient 2 □			b. TIME OF		URY AT	eldence	6 Other (Specify)	M H H H A A			
		Pending	(Month, D		-   - "	INJURY	WC	PRK?	NO.	28d. DESCRIBE HOW	MJUHT OC	CURED		
BY	a Carrie	Could not be	28e. PLACE O	F INJURY -	- At home, f	arm, street, fe			110	28f. LOCATION (Street	and Tumber	or Rural Box	eta Alexantera	
Ä		determined	building,	atc. (Specify	Y)					City or Town, State		o rara roo	no monitori,	1
COMPLETED	29e. CERTIFIER	IFYING PHYSI	CIAN: To the heat of	my knowled	dae double	accuracy of all the	Maria di A			to the cause(e) end ma				
¥										to the cause(e) end ma time, date end place, e				
	296 SIGNATURE AND TITLE	_												Rated.
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2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUT	W OF DEA	H OTEM OF	Chron China		10	7	(1)	1	1,7,	73	
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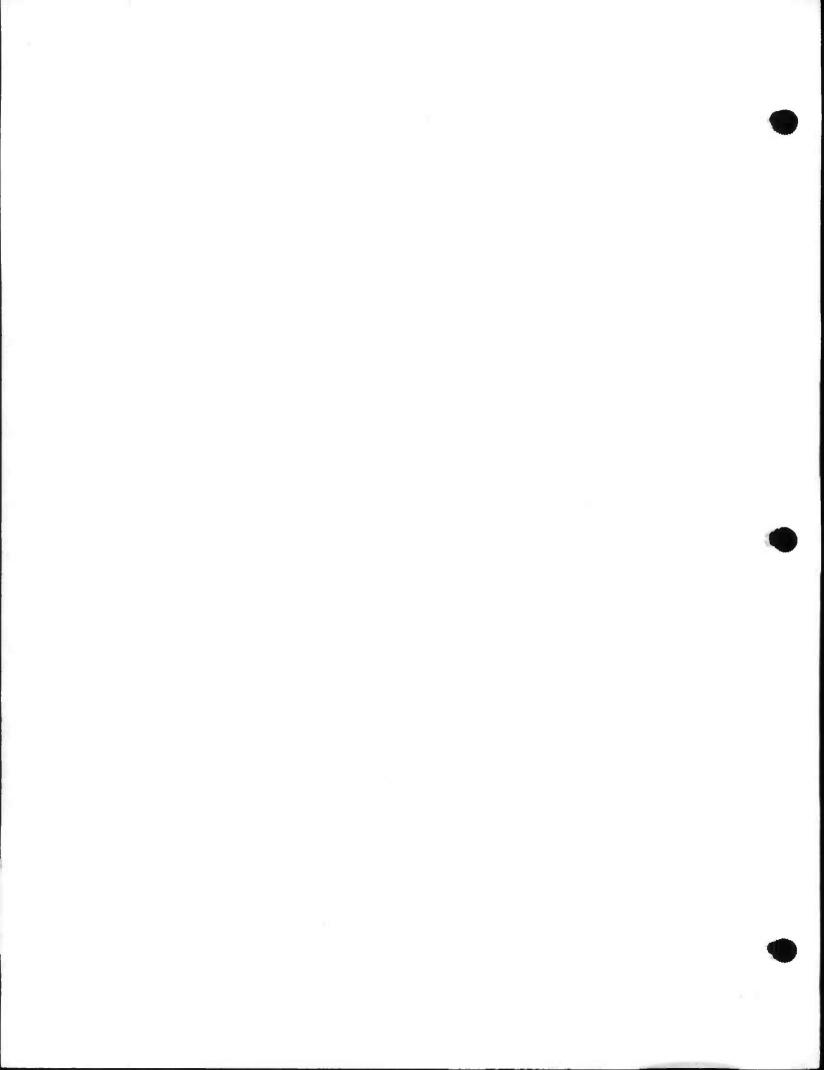
Sanjeeb K. Mishra, 31. OATE FILED (Month, Day, Year)

FEB 16 1993

32. REGISTRAR'S SIGNATURE

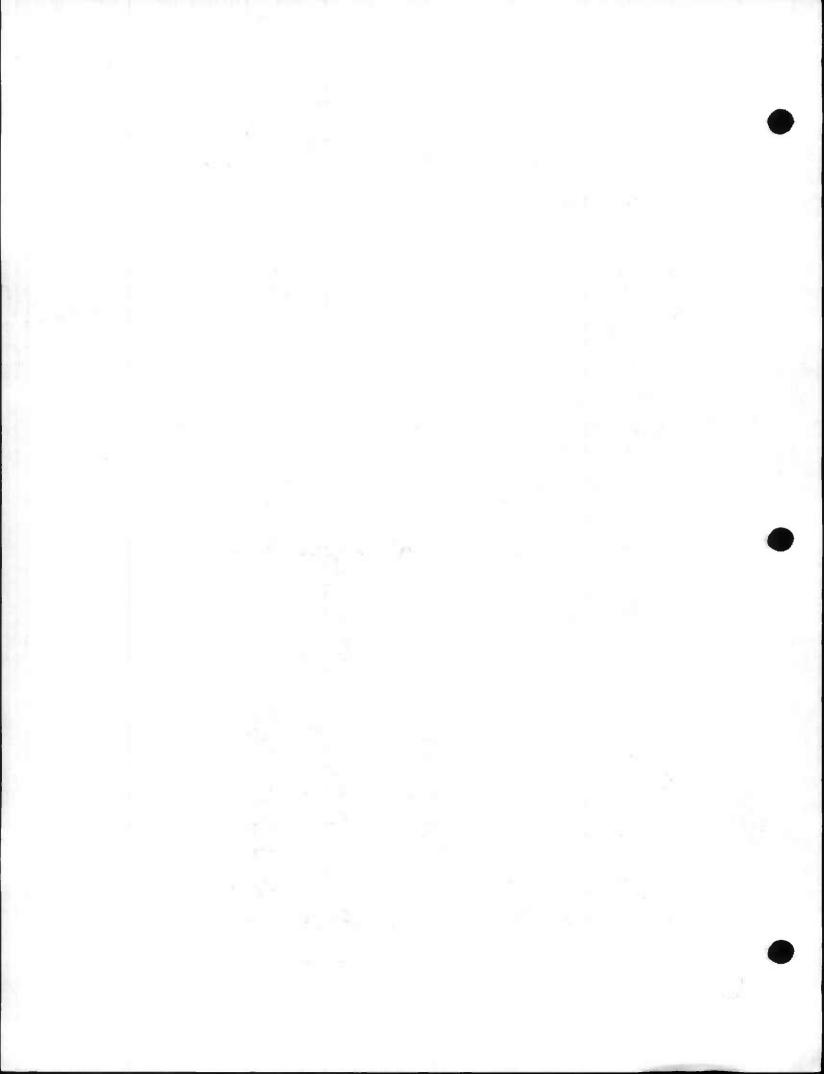
na Day Son-Randell

								9	3 03300
		FOR 1 _ STATE	STATE OF MARYL				ENTAL HYGIEN	E	
	4	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	i	1. DECEDENT'S NAME (First, Middle, Last)		*			2. DATE OF DEATH DA		
		Eulalia	Eleanor		Chisley	$\overline{}$		0,1993	12:50 P M
			5. SEX 8. AGE (	'In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cot	ITHPLACE (State or Foreign intry)
- 1	Ì	210-20-2220 0		90 YRS.			JAN9,190		MARY, CO.ME
	-	Physicians Memoria			· ·	LOCATION OF DEA	тн	9c. COUNTY OF	
[	5	RESIDENCE OF DECEDENT	ai nospitai		La Plat	a		Charle	es
DIDECTOR	١١	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCATE	ON ROLLTE#1	BOX 91N		10d. INSIDE CITY
į	5	MARYLAND CHARLE	S, COUNTY	NEW	BURG, MARY	YI AND	LOV NIV		1 YES 2 NO
		10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
I VOSINIED A		ROUTE#1 BOX 91 N N	EWBURG MARY	LAND	20	1664		U.S.A	
	5	11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DECE		C ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indian, ack, White, atc.
2	- 11	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:	, realist from to the	Sp	pecify:
		15. DECEDENT'S EDUC	TON	44. 0505051710	USUAL OCCUPATION		16b. KIND OF BUS		LACK
i i	-	(Specify only highest grade of	ompleted)	(Give kind of w	ork done during mos e retired.)	t of working	160. KIND OF BUS	SINESS/INDUSTRI	
1 6	1	Elementary/Secondary (0-12) 3rd .	College (1-4 or 5 +)	HOUSEW]	FF		DOMESTI	C	
once.		17. FATHER'S NAME (First, Middle, Last)		1.0002112		18, MOTHER'S NAM	E (First, Middle, Maiden		
# L		JAMES HILL				ELNEANO	R HIMLE	Υ	
fled	ון פ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an		oute Number, City or Tow		
to be confided at once.	-	VERNON CHISLEY		ROLIT	F#1 BOX	91 N NF	WBURG.MARY	LAND 20	1664
		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remov	201	o. PLACE OF DISPOS other place)					
E	ł	4 Donation 5 Other (Specify)	H	OLY GHOST		C CHURCH		WHIT THE	
- Iner		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	ICCHO5/	22. NAME AN	D ADDRESS OF FAC	ILLY LEE FUN	IERAL HO	ME, INC.
ехан		Rugene a	J. Les		ROUTE	#4 BOX 1	1680 KING	GEORGE.	VIRGINIA22485
medical examiner must		23. PART I. Enter the diseases, or co	omplications that cause	d tha death. Do n	ot entar the mod	le of dying, such	as cardiac or reap	iretory arrest,	Approximata
E		ahock, or heart failure. L	lat only and cause on a	ach lina.	2110	M	7007		intarval Batween Onset and Daath
#		disease or condition resulting in death)	ISSA	KA-1	TKY	MA	181		
other traumatic event, the	- [	Tooditing III duditiy	DUE TO OR AS	CONSEQUENCE OF	2011	1. 1.	· ala	2 00	0 0/4 00
भू स	5	Sequentially list conditions,	SEVER	- 200	AP C	WOW	(COUS	TOUCH	welling
anma A		if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	POUDLA	story	trao 0	MAN	pueaso
er tr	3	CAUSE (Disease or injury	DUE TO (OR AS.	CONSEQUENCE OF		ar og	Inc	WVE	
y, or other traumatic		that initiated events reaulting in death) LAST	125-1	14/100	Du Dl	2			//I
5 5	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡֓֓֡֓֓֓֓֡֓֓֡	d		VOOV	Via				
23 shows any injury,	1	PART II: Other algnificant conditions	contributing to death I	out not resulting	n the underlying	cause given in F	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
hows any inj	3	24/20	Congle	Hove	TRA	ut_	1 YES 2	dis	COMPLETION DF CAUSE OF DEATH?
Swo I		- DANTHAR	()				_		1 YES 2 NO
23 8		1000,000							
ed, or item 23 s	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
5	2	1 VES 2 NO	1   Inpatient 2   ER/Dut			5 Residence 6	·		
36.1		1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO		28d. DEŞCRIBE HOW I	INJURY OCCURED	<b>'</b>
		2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	/ — At home, farm, :			26f. LOCATION (Street	and Number or Ru	rel Route Number
28 is	3	4 Homicide 6 Could not be	building, atc. (Spe	cify)			City or Town, State		
		29a. CERTIFIER	NAM: To the best of my know	uladas dasah assas	d 24 M - N - 1 d-2-				
ANT: If ite	L L	anal only	: On the basis of examination						se(a) and manner as stated.
		29b. SIGNATURE AND TITLE OF CERTIFIER	$ \lambda$			29c. LICENSE NUM			NED (Month, Day, Year)
POR			MIO				DEN	290. DATE SIGN	I IAIA
≅   £	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print) 70 D-	D-23021	o Dood O		1003
		Sanjeeb K. Mishra			7010	orf Mary	e Road, C land 2060	enna Ce	nter '
	- 1		22 RECIETPADIS SIGN		waide	TIMEY	Tana 2000	4	



INISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL F	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept.	IMPORTANT: It item 28 is marked, or Item 23 a

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  X EDWARD C	CONNELL				2. DATE O	OF DEATH	1993	3. TIME OF DEATH 435 A M	
				NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	DRY, Year) -21-1898		4.4 %	
E CH		end number) Rux toN	9b.	CITY, TOWN O	SON		9c. (	Balt		
MEC	10e. STATE 10b. COUNTY	50		WN OR LOCATION therville				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [2] NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER  122 Margate Rd.	-		10f.	<b>ZIP CODE</b> 21093		10g.	Og. CITIZEN OF WHAT COUNTRY?		
BY FUN		Never Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 — YES 2 NO Specify:				14. RACE — American Indian, Black, White, etc.	
COMPLETED	(Specify only highest grade com	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)				S/INDUSTRY				
7	6 yrs		Electri	cian			M.T.A.			
5	17. FATHER'S NAME (First, Middle, Last)	Connelly					liddle, Maiden Suman		411 ac	
BE		T		Sara			~	illen		
0	19a. INFORMANT'S NAME (Type/Print)		and the second second second				er, City or Town, State			
- 1	Norbert Rottloff 122 Margate R. Lutherville, Md. 21093									
	20b. METHOO OF DISPOSITION  1-1-1-2 Burlet 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify)  New Cathedral Cemetery  New Cathedral Cemetery  New Cathedral Cemetery  1-2-15 Baltimore, Md.									
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204									
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUÊNCE OF):  Approximate interval Between Onset and Death  Due To (OR AS A CONSEQUÊNCE OF):									
ALION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	16						
A.	PART II. Other significant conditions of	ontributing to death but	not resulting in th	na underlying	cause given in	Part I.	24a. WAS AN AUTOI PERFORMED? 1 YES 2 N		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC				-					1 TES 2 NO	
CA		OSPITAL:	O	26. PL	ACE OF DEATH (C/	heck only one	0)			
2		☐ Inpatient 2 ☐ ER/Outpatie	ont 3 DOA 4	Nursing Hom	6 🗆 Residence	_				
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME DI	WO	RK?	26d. DE\$	CRIBE HOW INJURY	OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							Route Number,	
COMPLET	anal	N: To the best of my knowled On the basis of examination e							a) and manner as stated.	
M M	29b. SIGNATURE AND TITLE OF CERTIFIER	ednim		1 (3	29c. LICENSE NU 2 - / 2				(Month, Day, Year) Z = 93	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Prin	005	ZER	Dr	· Tow.	sont	1/2/204	
	FEB 16 1993	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. H. GHILDOI, M.D. 7600 OSLER Dr. TOWSON MULTIPLE  31. DATE FILED (Month, Day, 1681)  F.E.B. 16 1993  32. REGISTRAR'S SIGNATURE  34. SUMMARISH MARIES SIGNATURE  34. SUMMARISH MARIES SIGNATURE  35. SUMMARISH MARIES SIGNATURE  36. SUMMARISH MARIES SIGNATURE  37. SUMMARISH MARIES SIGNATURE  38. REGISTRAR'S SIGNATURE  39. SUMMARISH MARIES SIGNATURE  31. DATE FILED (Month, Day, 1681)								

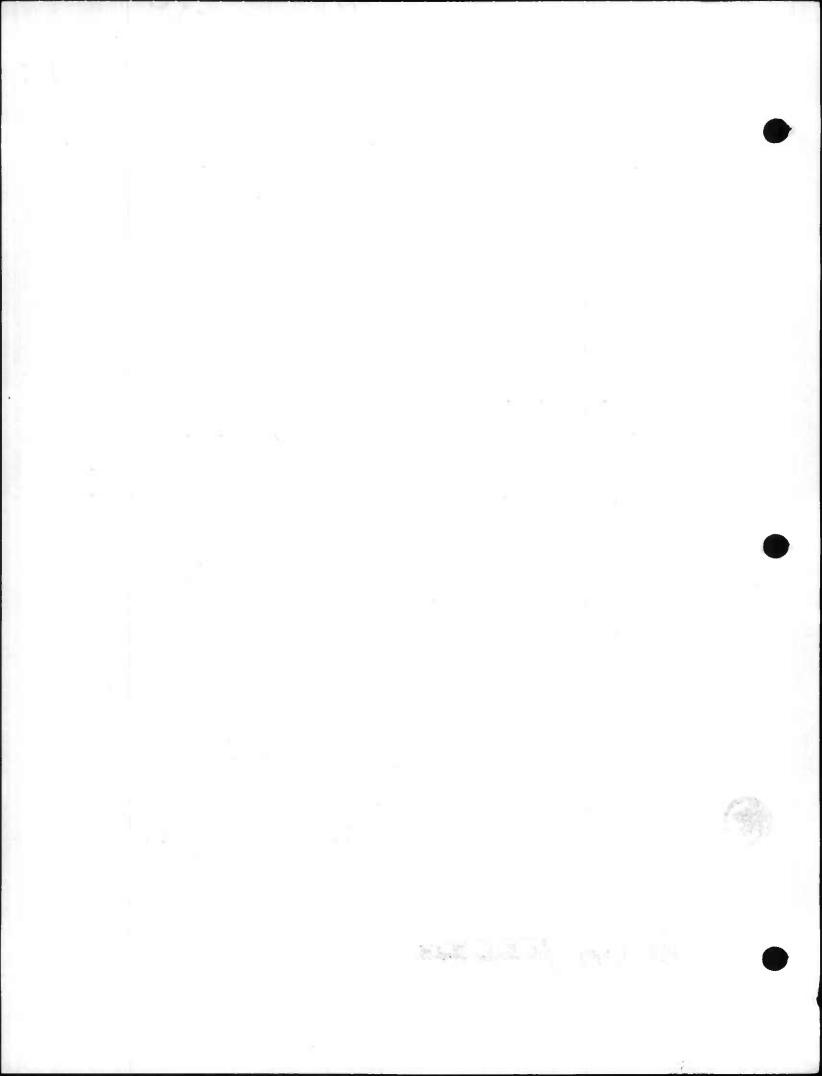


Item29d, Film697, 3/1/93, lt

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) William Mauri	co Corcon				REG. NO  2. DATE OF DEATH MONTH		3. TIME OF DE	
							5 93	6 a.	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) 70 yrs.	MONTHS 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Manth, Day, Yea;)	8.	BIRTHPLACE (State or Country)	
	180-18-6267  •a. FACILITY NAME (If not institution, give	-A	/U YRS.			July 8,	1922	PA	
Œ				96. CITY, 1	OWN OR LOCATION OF D	DEATH	9c. COUNTY		
18	2031 Norhurst War	y South					Balt	imore	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OR	LOCATION			10d, INSIDE C	
	Md Ba	ltimore				1  YES 2			
1×	10e. STREET AND NUMBER				101. ZIP CODE		N OF WHAT COUNTRY		
Ä	2031 Norhurst Wa	200011			21228		Ū	SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, OIVE WAR OR I	2 NO	16.5	AS DECENDENT OF HISPA res, specify Cuban, Mexic YES 2 NO Speci	an, Puarto Rican, etc.)	IGIN7 (Specify Yes or No— 14. RACE — Am Black, White Specify: White		
ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S		UPATION ring most of working	16b. KIND OF BU	SINESS/INDUS		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	retired.)					
COMPL			Cred	it Mar	-		iness		
	17. FATHER'S NAME (First, Middle, Last)	o Coo				AME (First, Middle, Maider	Surname)		
BE	William M. Corson				d Stahr				
TO BI	Turnibal, city or lown, State, 20 code)								
2	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Manner of 20c. INCATED AND CONTROL OF THE STATE								
I I I	1 Burial 2 N Cremation 3 Ram 4 Donation 6 Other (Specify)	noval from State Col	metery, cremetory or creenMount	other place)		1			
	21. SIGNATURE OF FUNERAL SERVICE LA		Leemoun		ME AND ADDRESS OF F	2/16 Ba	TLIMOT.	e, Ma.	
a year	12-11	1. 11 M		St	erling Ash	ton Funera	1 Home	, Inc.	
	23. PART I. Enter the diseases, or	Margar	000 4	73	6 Edmondson	n Avenue	Raltim.	ore 21228	
7	disesse or condition resulting in death)	a. ID O PAT	A CONSEQUENCE C	LPOP	SARY F	5,020515		24	
โก	Sequentially list conditions.	b							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE O						
RTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE C	) 마:	arbling cause along le	S Barel I are war w	ALITMAN		
CAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. OUE TO (OR AS	A CONSEQUENCE C	) 마:	erlying cause given in	PERFO	RMED?	24b. WERE AUTOPS) AMALABLE PRICOMPLETION OF	
CAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE C	) 마:	erlying cause given in	Part I. 24a. WAS AF PERFO	RMED?	AMRLABLE PRIC COMPLETION O OF DEATH?	
MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE C	) 마:	erlying cause given in	PERFO	RMED?	AMARLABLE PRIC	
MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	c. OUE TO (OR AS	A CONSEQUENCE C	) 마:		PERFO	RMED?	AMRLABLE PRIC COMPLETION O OF DEATH?	
SICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition	c. OUE TO (OR AS d	A CONSEQUENCE C	in the und	26. PLACE OF DEATH (CI	PERFO 1 YES	RMED?	AMRLABLE PRIC COMPLETION O OF DEATH?	
SICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. OUE TO (OR AS d	A CONSEQUENCE C	OTHER:	26. PLACE OF DEATH (CI g Home 5 Residence 6c. INJURY AT	PERFO 1 YES	RMEO?	AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2	
PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	c. OUE TO (OR AS  d	A CONSEQUENCE C	OTHER:	26. PLACE OF DEATH (CI	PERFO 1 YES  heck only one)  6 Other (Specify)	RMEO?	AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2	
BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	c. OUE TO (OR AS d	but not resulting	OTHER: 4 Nursin	26. PLACE OF DEATH (CI g Home 5 Residence 6c. INJURY AT WORK? 1 ☐ YES 2 ☐ NO	PERFO 1 YES  heck only one)  6 Other (Specify)	RMED? 2  NO INJURY OCCUR	AMALABLE PRICOMPLETION OF DEATH?  1 YES 2	
APLETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  20a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	C. OUE TO (OR AS  d.  In contributing to death    HOSPITAL: 1   Inpatient 2   ER/Out 26a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe	but not resulting  tepatient 3 DOA  26b. Till  Y — At home, farm,  colly)	OTHER: 4   Nursin ME OF JURY M street, factor	26. PLACE OF DEATH (C) g Home 5 Residence sc. INJURY AT WORK? 1 VES 2 NO y, office s, date and place, and duration, death occurred at the	PERFO  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Fown, State  to the cause(s) end mage time, data and place, e	INJURY OCCUP  and Number or  nner as stated.  and due to the c	AMALABLE PRICOMPLETION OF DEATH?  1 YES 2 [  RED  Repl  Rep  Rep	
BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 5 Could not be determined  20a. CERTIFIER (Check only)  1 CERTIFYING PHYS	C. OUE TO (OR AS  d	but not resulting  but not resulting  patient 3 DOA  26b. Till  Y—At home, farm,  activ)  wiedge, death occur on and/or investigati	OTHER: 4   Nursin ME OF JURY M street, factor	26. PLACE OF DEATH (C) g Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO g, office a, date and place, and duration, death occurred at the	PERFO  1 YES  1 YES  6 Other (Specify)  26d. DESCRIBE HOW  26f. LOCATION (Street City or Town, State  e to the cause(s) and ma e time, data and place, e	INJURY OCCUR  and Number or  inner as stated.  and due to the c  29d. DATE S  0 2	AMALABLE PRICOMPLETION OF DEATH?  1 YES 2 [  RED  Rep  Rural Route Number,  ause(a) and manner as IGNED (Month, Day, Vel. 15-93 9-7	



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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it	cremation	A
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								93	03508
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	2.1				2. DATE OF DEATH 2	/11/9		ME OF DEATH
	CHAPPELL MAK  4. SOCIAL SECURITY NUMBER  5.								730 pm
	218-30-5896 1	□M2× 94	YRS. MONTH		HOURS MIN.	7. DATE OF BIFTY (Month, Day, Day)		Country) Marv	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF OEA								
Į,	SINAI HOSPITAL BALTIMORE								
DIRECTOR	106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  BALTIMORE								
	10e. STREET AND NUMBER		DALI		ZIP CODE		10g. CITIZEN		YES 2 NO
FUNERAL	2534 DRUID H	ILL AVE			2/2,	17	SA		
E S	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED 1	If yes, spe	olfy Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 14.	RACE - Ar Black, White	merican Indian, Ia, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	^	1 TYES	2 NO Specif	ty:		Specify: BL	AEK
COMPLETED	15. OECEDENT'S EDUCAT: (Specify only highest grade con	ION 16a. npleted)	DECEDENT'S USUAL (Give kind of work dor	ne durina mos	N t of working	16b. KIND OF BU	SINESS/INDUST	TRY	IV.
PE	Elementary/Secondary (0-12) (	College (1-4 or 5+)	Housek			Dome	stic	Saru	ice
WO	17. FATHER'S NAME (First, Middle, Last)		Housek	cepei		AME (First, Middle, Meiden		DEL V	106
BE		enry Green				Mary Carr			
2	196. INFORMANT'S NAME (Type/Print)  196. MAILINO ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)  William C. Dixon  2534 Druid Hill Avenue Baltimore, MD 21217								
8	20a. METHOD OF DISPOSITION 1 □ Buriel 2 ☆ Cremetion 3 □ Remove	20b. PLAC	E AND DATE OF DISP	OSITION (Nac	ne of	DATE 20c LC	CATION - City	or Town St	tete
	1 Buriel 2 Tormation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE MEENSES								
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	Stepher Mill	(	Crema	tion S	Society o			
5	George E. I					ck Road			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final // Onset and Death of Cause o								
,	disease or condition testing in death)  ### ### ### ########################								4 days
	DUE TO (OR AS A GONSEOUENCE OF)								
RTIFICATION	Sequentially list conditions, if any, leading to immediate								
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):					1	
8	PART II. Other significant conditions of		A 2015 - 1 //b	n ./					1
MEDICAL	H7-15 HD	Denent		underlying	at les	Part i. 24a. WAS AF	RMED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
MED						1 (M) TES	2   140	87	EATH? YES 2 NO
PHYSICIAN:		IOSPITAL:	OTH	ER:	ACE OF DEATH (C				- 5
H X	27. MANNER OF DEATH	28a, OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJL	IRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY F	Netural 5 Pending 2 Accident Investigation		М	1 🗆 Y					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, f	actory, office		28f. LOCATION (Street City or Town, State	and Number or I	Rural Route f	lumber,
COMPLETED	29a. CERTIFIER	N: To the best of my knowledge,	death occurred at th	e time, date	and place, and de-	e to the cause(a) and ma	Oner as stated		
OME		On the basis of examination and						euse(a) and	manner as stated,
BE C	296. SIGNATURE AND TOTLE OF CERTIFIER	DI			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mog	h, Day, Year)
2	() Well 18 1 Man 1 Man 1 D C 9912 > 2/1/62								3

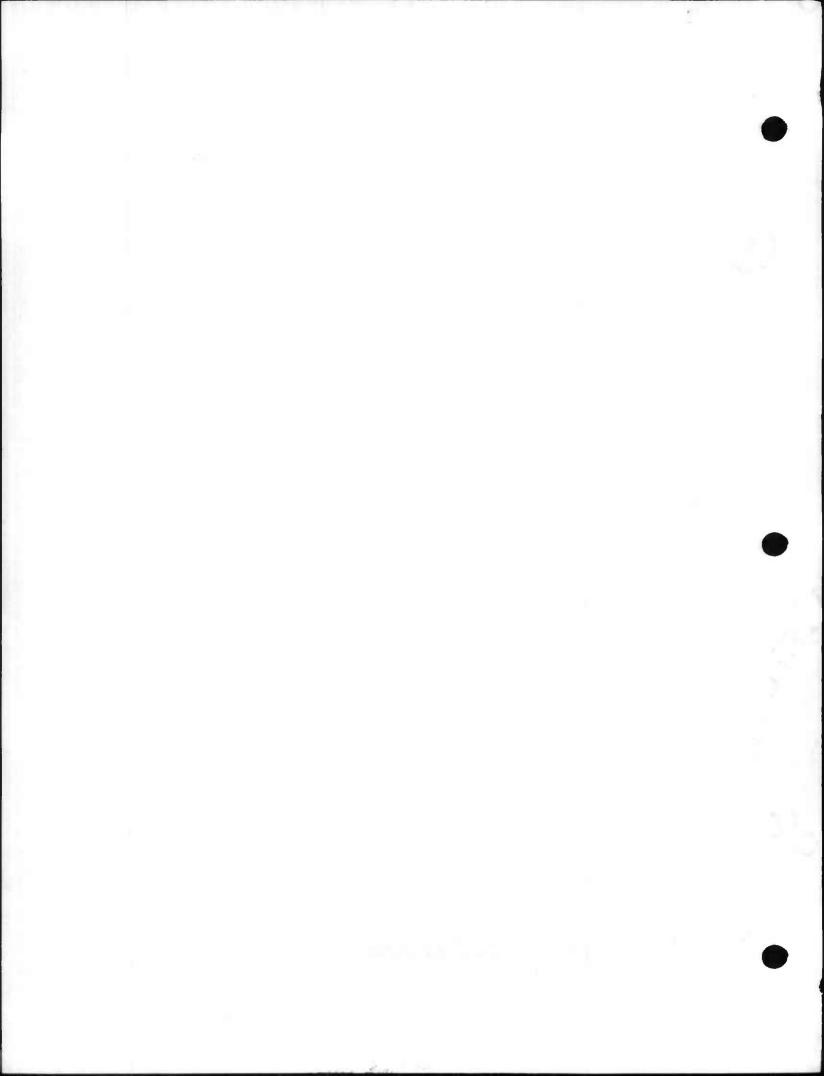
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31. DATE FILED (Month, Day, Year)
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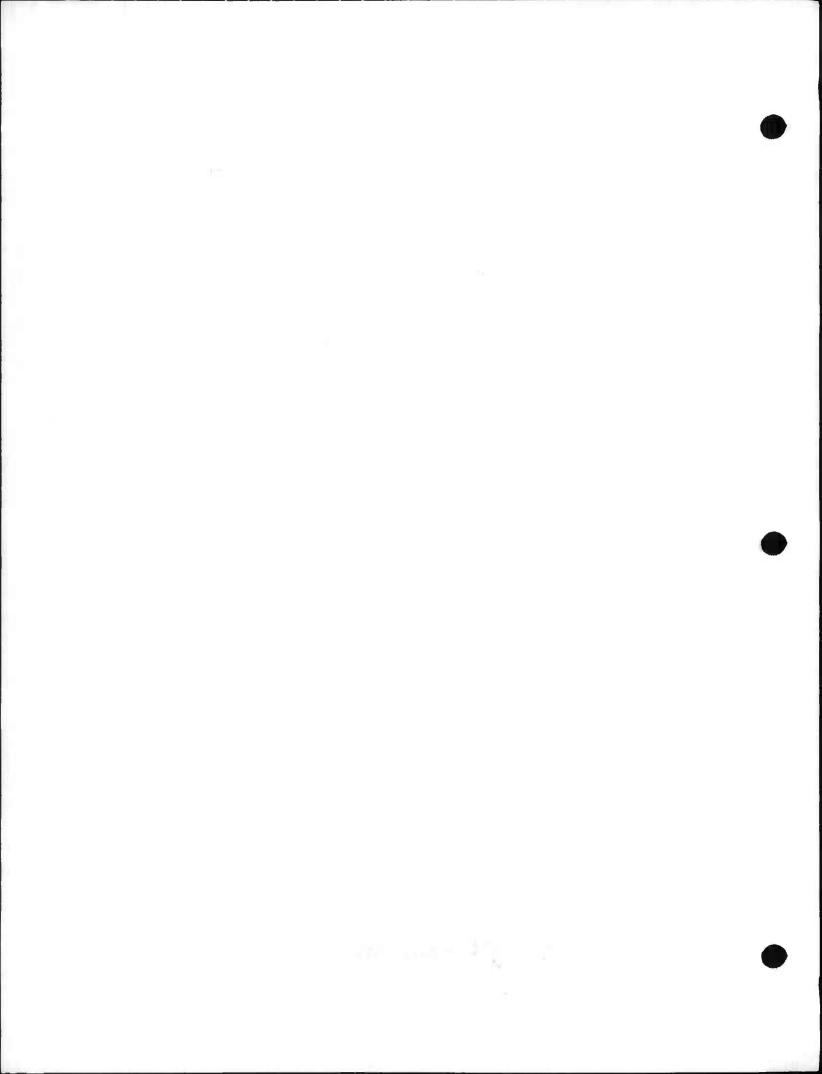
32. REGISTRAR'S SIGNATURE

Sulia Devidon-Rondalla



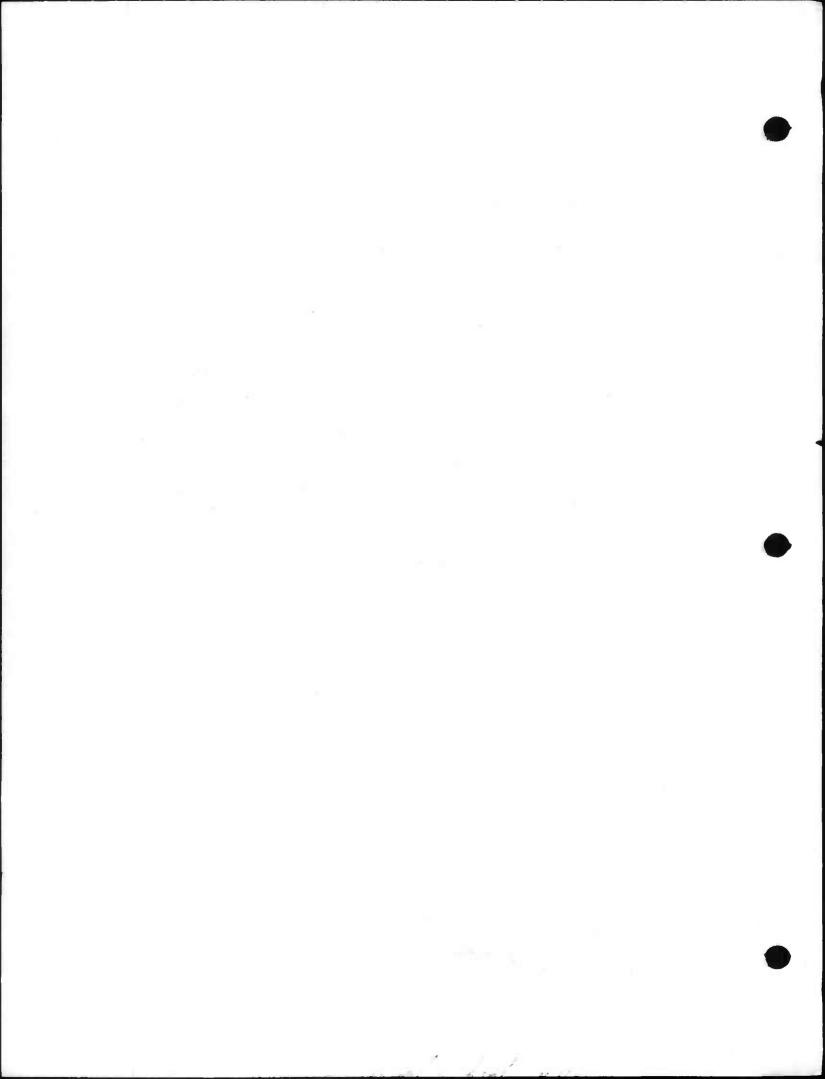
posp :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	y th	TIONA
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIENE REG. NO.	•	
	- 1	1. DECEDENT'S NAME (First, Michille, Last)	Coleman				2. DATE OF DEATH DAY	93	3. TIME OF DEATH
D	DIRECTOR	4. SOCIAL SECURITY NUMBER 218-10-30541	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 4 - G		BIRTHPLACE (State or Foreign Country)
2, 3 should		9a. FACILITY NAME (If not institution, give st LIBERTY MEDI	reet and number) CAL CENT	ER	BAL	OR LOCATION OF DE	ATH E	9c. COUNTY	OF DEATH
Pages 1,		10a, STATE 10b, COUNTY			TY, TOWN OR LOCA				10d. INSIDE CITY
	FUNERAL (	104 STREET AND NUMBER 2501 Quant	ica Aug	7		1. ZIP CODE 21215	-	10g. CITIZEN	1 YES 2 □ NO OF WHAT COUNTRY?
for use as the boundary	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT a	B USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b. KIND OF BUSI	INESS/INDUST	TRY
5 should be detached notified at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	EPPS				ME (First, Middle, Maiden S		1
5 should b notified a	TO BE	19a. INFORMANT'S NAME (Type/Print)	PHNSON	19b. MAILIN	ADDRESS (Street		A BETH  Noute Number, City or Yown,		
must be r		29a_METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State cen	D. PLACE AND DATE	OF OISPOSITION (Na	ame of	OATE 20c. LOC	ATION - City	or Town, State
funeral dir		21. SIGNATURE OF FUNERAL SERVICE HO	DISSEE /	ACTI MO	MARC	CEN. 2  ND ADDRESS OF FAIL  H FUNC  WASA	RAL HOME	E-WE	NORE, MIN EST TO. MD 21215
ompletely filled in by the si, cremation, or removal event, the medical e		23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. My (	d the death. Do each line.  Cadl	wads	ode of dying, sucl	as cardiac or respin	atory arrest,	Approximate interval Between Onset and Death
the attending physician and completely i Mental Hyglene prior to burial, cremati njury, or other traumatic event, the	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE. Enter UNDERLYING  CAUSE (Mesons or below).							
tending phy al Hyglene ; or other	CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							
een signed by of Health and shows any I	MEDICAL	PART II. Other significant conditions	s contributing to death b	out not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN A PERFORM 1 □ YES 2-4	MEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ortificate has the State Dept or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF DEATH (Che			
fter this cert eath with the marked, o	ву РНУ	27. MANNED OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	AE OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	ED
ECTOR: After safter dea		3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	f — Al home, farm, cify)	street, factory, offic	ie .	28f. LOCATION (Street ar City or Town, State)	nd Number or R	lural Route Number,
NERAL DIRECTOR 72 hours NT: 1f Item	COMPLETED		CIAN: To the best of my know R: On the bests of examination						use(a) and manner as stated,
TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	als			29c. LICENSE NUN	D37203	29d. DATE SIG	GNED (Morith, Day, Year)
	-	TERANCE LA	B S LLA	med ) (	Pripe)	Boltime.	md. 212	15	
コ		FEB 1 6 19	32. REGISTRAR'S SIGN	Widon-Po	plate				



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ne aw requires that the death certificate be executed within 24 hours after death. Mage 6 may be retained by the hospital or attendi	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t	×
NO.	35	ě
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3.	TIME OF DEATH	
	LEO	N	CARROI	L		0.2	DAY 1	0 93	MI.	05:20A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. B	IRTHPLA	CE (State or Foreign	
- 3	217-22-7294	1 € M 2 □ F	90 YRS.	ONTHS DAYS	HOURS MIN.	(Month, D	8/190		ountry)	MARYLAND	
_	9a. FACILITY NAME (If not institution, give et-	reet end number)	9	b. CITY, TOWN	R LOCATION OF D						
DIRECTOR	GREATER BALTI	MORE MEDICAL	CENTER	T	OWSON			ВА	T.TT.	MORE	
ច្ច	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	100						
E I	MARYLAND BALT	TMODE CIEV				10d. INSIDE CIT LIMITS?				LIMITS?	
	100. STREET AND NUMBER	BALTIMORE CITY			BALTIMORE 101. ZIP CODE				1 X YES 2 NO		
FUNERAL	2830 E DAT	0						-		COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DEC	21224 ENDENT OF HISPA	NIC OBIGINZ (S	Specify Year or		14. RACE — American Indian,		
	Never Married 2 Married POHCES? 1 (A YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						Black, Wi	hite, etc.			
ВУ	3 Wildowed 4 Divorced	WWII		'	1 00 110	9.		_   `	арвину.	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	k done during mo	N st of working	16b. Kil	NO OF BUSIN	IESS/INDUSTI	₹Y		
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	etired.)	•					1	
ž	AT PATUROUS MANAGE OF A ANGLE OF	2yrs	CLERK					E OF	MD.		
	17. FATHER'S NAME (First, Middle, Last)	DOTT			10. MOTHER'S NA			,			
띪	JOSIAH J CAR  18a. INFORMANT'S NAME (Type/Print)	KKOLL				HERIN					
임	GENEVIEVE A.	CADDOLL			nd Number or Rural						
	20a. METHOD OF DISPOSITION				OMOOR R						
1 Buriel 2 Cremation 3 Removal from State conglety, crematory or other place)											
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	EW CAIN		D ADDRESS OF FA	55/1-	B	ALTO.	, MI	).	
	► William K	Parisi	Ti	259(1) =	HENRY	W. JE	NKIN	S & S	ONS	co.	
	23. PART I. Enter the diseases, or co	7 000	1		4905 Y	ORK R	D. B	ALTO.	MI	.21212.	
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPI	RATORY FA		or dyning, and		, от гезупа			Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificant conditions	contributing to death b	ut not resulting in	tha underlying	cauae given in		e. WAS AN AU PERFORMI YES 2	ED?	COI OF	RE AUTOPSY FINDINGS RLABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
ĕ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	neck only one)					
ž		HOSPITAL:  1 Inpatient 2 ER/Oulp		THER:	5 - Residence	8 Other (Sc	pecify)				
BY PHYSICIAN:	27. MANNER OF DEATH	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	JRY AT			URY OCCURE	)		
<u> </u>	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1667)	INSON		RK? ES 2 NO						
3	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	el, factory, office		281, LOCATIO City or R	ON (Street end own, State)	Number or Ru	ral Route	Number,	
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred	t the time date	and place, and due	to the assess	2 004 000				
\$		: On the basis of examination							se(e) enc	I manner en eteled	
2	296. SIGNATURE AND TITLE OF A SHITIFIER	P. inn	~		29c. LICENSE NUI	MBER		egd. DATE SIG			
2	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	/) *	7			~ ~/ **	( - 2		
	31. DATE FILEO (Month Day Ward	32 REDETRADIO NO.	MU 17	-160	ley						
	FEB 1 6 199	32. RESISTAR'S NON	an-Abnda	•1							



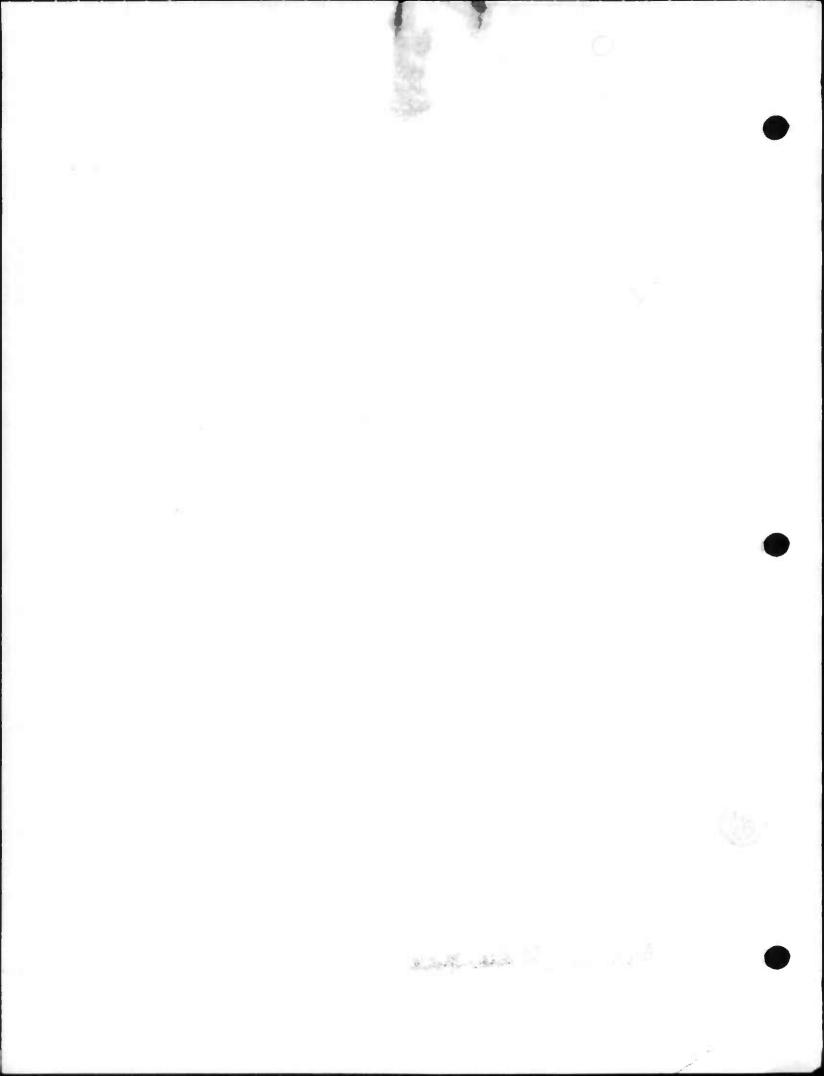
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit he State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the ibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMI			NTAL HYGIENI REG. NO.	E	0.0011		
	1. DECEDENT'S NAME (First, Middle, Last)		0016			DATE OF DEATH		3. TIME OF DEATH		
	CECILI		7KLS	ON		2 1	3 73	5 (0 15 A"		
		-	MONT		RS MIN.	DATE OF BIRTH (Month, Day, Year)	Cou	ITHPLACE (State or Foreign untry)		
	214-62-2913 19a. FACILITY NAME (If not institution, give stree	92.	YRS.	NTV TOWN ON LOC		-19-1901		otland		
E E										
5	Holy Cross Hospi	.cai				mery County				
DIRECTOR			10c. CITY, TOV	590-19-100 Mile				10d. INSIDE CITY LIMITS?		
	Maryland Calver 100. STREET AND NUMBER					1 ☐ YES 2  101. ZIP CODE 109. CITIZEN OF WHAT COUNTR				
FUNERAL	P.O. Box 635				0657		USA	WHAI COOKINTY		
S	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDEN	NT OF HISPANIC ORIGIN? (Specify Yes or No. 14, R			ICE — American Indian,		
BY F	1 Never Married 27 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 255XNO Specify:			Black, White, etc.  Specify:			
	15. DECEDENT'S EDUCAT	TION 164	16a. DECEDENT'S USUAL OCCUPATION			16b. KIND OF BUS	INESS/INDI ISTON	White		
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work di life. Do NOT use retin	one during most of we	orking	TOU. KIND OF BUS	HIVESS/HIDUSTKT			
MPL	9th Grade		Homemake	r						
00	17. FATHER'S NAME (First, Middle, Last)			18. M	The second second	First, Middle, Malden				
BE	Daniel Henderson  19a. INFORMANT'S NAME (Type/Print)	_				S. Singe				
2	Mr. Edward Carlson	,	P.O. Box			Number, City or Town 20657	i, State, Zip Code)	1		
j	20a. METHOD OF DISPOSITION	20h Pl A	CE AND DATE OF DIS				CATION — City or	Town State		
- 1	1X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	Cometery	commetory or other pland Mem	orial Pa	rk 2-1					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND ADD	PRESS OF FACILIT					
	> Your K Ly	,ld8				Randal				
	23. PART I. Enter the diseases, or con abock, or heart fellure. Lis	mplications that caused the	death. Do not er					Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Max	·········					Onset and Death		
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OR):									
_	DUE TO (OH AS A CONSEQUENCE OF):									
100	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	(SEQUENCE OF):							
	DART II Oh a slastilassi as ditta									
CAL	PART II. Other algnificant conditions of	contributing to death but n	ot resulting in the	underlying caus	ie given in Part	I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
EDI		Line	- wait	e o an	7	1 TES 2	I NO.	OF DEATH?		
¥ ::								1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				F DEATH (Check o	nly one)				
YSI	1   YES 2   YES 1	OSPITAL: Dispettent 2 □ ER/Outpetten		IER: Nursing Home 5 🗆	Residence 8 🗆	Other (Specify)				
	27. MANNER OF DEATH  1 Printing  5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		. DESCRIBE HOW IN	JURY OCCURED			
BY	2 Accident Investigation	28s. PLACE OF INJURY — A	t home form street	1 YES	_	LOCATION (Street a	ad Number on Com	10		
E	4 Homicide 8 Could not be	building, etc. (Specify)	,,	,,	2011	City or Town, State)	nd Number of Figre	ir Hoote Warnow,		
COMPLET	29a. CERTIFIER 1 DENTIFYING PHYSICIA	N: To the best of my knowledge	, death occurred at t	he time, date and pl	ace, and due to th	e cause(a) and man	ner as stated	-		
OM		On the basis of examination and						e(a) and manner as stated.		
w	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. I	LICENSE NUMBER		29d, DATE SIGN	ED (Month, Day, Year)		
TO B	· lugion De	Mu		Di	166 74		D 2/1.	3/9)		
_	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (	(ITEM 27) (Type, Print)	2309	SHOR	EFIELD	124)			
	21 DATE EN ED (Houth One Wast	32. REGISTRAR'S SIGNATUR		WA	LINON	140				
	FEB 16 1993	- Davidson-Par	polesse							

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		FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF HI		ENTAL HYGIEN	E		
	1				Colman		DATE OF DEATH	93	3. TIME OF DEATH 4: 52 a.m.	
Pin		4. SOCIAL SECURITY NUMBER 578 38 1630	5. SEX 6. AGE (In yrs. In 71	YRS.		HOURS MIN.	Month, Day, Year) 12 15/21	Wa	HPLACE (State or Foreign try) ISh. D.C.	
I, 2, 3 should	5	Sa. FACILITY NAME (If not institution, give sti	y land Haspita	e	Balti	MORE /	'н	Balt	MORE	
physician.  burial-transit permit. Pages 1, 2, 3	- 10	Md .			altimore				10d. INSIDE CITY LIMITS? 1 FYES 2 NO	
ysician. irial-transit perm	אבשע		ayette Ave.		101,	21217		10g. CITIZEN OF USA	WHAT COUNTRY?	
ding physician. the burial-tran	5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 Yes 2 1 IF YES, GIVE WAR OR DATES 1/43 1/46	RMED NO	If yes, spec	NDENT OF HISPANIC offy Cuban, Mexican, 2 III NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14. RAC Blac Spec Afr		
detached for use as the once.		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) ((	ECEDENT'S Give kind of w e. Do NOT us Ret:		of working	16b. KIND OF BUS	SINESS/INDUSTRY		
ed by the hould be detach		7. FATHER'S NAME (First, Middle, Lest) David Coleman				18. MOTHER'S NAME (First, Mikidia, Maiden Surname) Estella Coleman				
5 sho		Mary Parker		1826 V	V. Lafay	ette Ave.	Balto. M	ld. 2121		
0 0 -		20g_METHOD OF DISPOSITION  1 Ill Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	vei from State cornetery, or Garr			2/12/93	Ow	cation — chy or to	· · · · · · · · · · · · · · · · · · ·	
0 = 0		· Two a	Estine		Este	00 Eutaw	rs Funera Pl. Balto	. Md. 21		
and completely filled in bunal, cremation, or re natic event, the med		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DIPLETO FOR AS A CONSE	e.  COUENCE OF	dt.	e of dying, such :	as cardiac or respi	ratory srrest,	Approximata Interval Between Onest and Death MINUHES  MNUHES	
ending physical Hygiene por other		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUP TO ON AS A CONSE  WHEN Y	Pri	neurolo	1			mossis	
shows any Inju		PART II. Other significant conditions  1000 Jal 1  Vas Cular a Cc 1  25. WAS CASE REFERRED TO MEDICAL	contributing to death but not diables mely farction, hydrests	WALL	s, mut	Cayse given in Pa	PERFOR	MED	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 46	
the St		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 10 Inpatient 2 ER/Outpatient : 28a. DATE OF INJURY	3 DOA		5 Residence 8	Other (Specify)	NURY OCCURED		
er this of the state of the sta		1 Detural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY — At h	ome, farm, s	M 1 TY	K? S 2 🗌 NO	81. LOCATION (Street a		Route Number,	
		4 Homicide determined	building, etc. (Specify)			U. A. Stands Co.	City or Town, State)			
GOMP			EAN: To the best of my knowledge, d						s) and manner as stated.	
IMPORTED THE PORT OF THE PORT		296. SIGNATURE AND VITLE OF CERTIFIER	lues 1	ND		29c. LICENSE NUMBI	ERI .	≥ 2/	9/93	
		30. NAME AND ADDRESS OF PERSON WHO	er Street Bo	M 27) (Typer	Print)	IMD.	21209	V-12-1		
		31. DATE FILED (Month, Day, Year) FEB 1 6 1993	32. REGISTRAR'S SIGNATURE	· ·						



	24	4	10
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL ON ATTENDING THE LAW TO IN THE IAW requires that the death certificate be executed within 24	TO THE FUNERAL DIFFECTOR AND COMPLETE AND COMPLETE TO THE SIGNED BY THE attending physician and completely file	be filed within 72 hours after death was the State Dept. of Health and Mental Hyglene prior to burial, cremation

	1. DECEDENT'S NAME (First, Middle, Last)	77.63						2. DATE MONT	OF DEATH	MY 3	YEAR	3. TIME OF DEATH
Г	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE		DER 24 HRS.	7. DATE	OF BIRTH		B. BIRTHP	LACE (State or For
į	217-09-6963	1 🗌 M 2 🔣 F	77	YRS.	MONTHS DA	WE HOUR	MIN.	01	0.0 Day: (bar)	16	MA.	RYLAND
88. FACILITY NAME (If not institution, give attreet and number)  GOOD SAMARITAN HOSPITAL BALTIMORE  RESIDENCE OF DECEDENT									9c. COUN	TY OF DE	ATH	
	GOOD SAMARITA	AN HOSPIT	AL		BA	LTIMO	RE					
F	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION										
									10d. INSIDE CITY LIMITS? 1 YES 2			
- 10	10e. STREET AND NUMBER					101. ZIP CO				to- CITI		IAT COUNTRY?
10e. STREET AND NUMBER  3429 FALLS ROAD  10. STREET AND NUMBER  21211  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO   If was specify Cathen Mariene Purito Bleen.									log. Citi	USA	INI COUNTRY?	
I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMED	13. WAS	DECENDENT	OF HISPA	NIC ORIGIN	17 (Specify Ye	s or No.	14 RACE -	- American India
П	1 Never Married 2 Married	FORCES?			If ye	YES 2 X N	ben, Mexic	an, Puarto	Rican, etc.)		Black, Specify:	White, etc.
L	3 Wildowed 4 Divorced			174	_	120 2 64	О Оросі	η.			Specify:	WHITE
	15. DECEDENT'S EDI (Specify only highest grad		.10	Ba. DECEDENT'S	USUAL OCCU	PATION	ricina	16b	KIND OF BU	ISINESS/IND	USTRY	
	Elementary/Secondary (0-12)	Mr. Do MOT when I										
ŀ				noc	SEWIFE							
	17. FATHER'S NAME (First, Middle, Last) HOWARD MART	TN				18, MC			AIDR OT			
								ALLY CARROLL				
19a. INFORMANT'S NAME (Type/Print) CHARLES COFFEY  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip 3429 FALLS ROAD, BALTIMORE, MARYLA								ND 2	21211			
F	20a. METHOD QE DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Agency)											
н	1 Buriel 2 A Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	comete	ry, cremetory or c EEN MOU	ther place	N (Name of	2/1	OAT				
11-	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE .	- GR	EEN MOU		E AND ADD			D.	ALITM	JRE,	MARYLAI
	1. 10.	1	411			L AND ADDI	TEGG OF F					
			1 11		Α.	ALAN	SEIT		. FUN	ERAL 1	HOME	
1	N. Keles	n Den	5.4		381	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	21211
t	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	it chused thuse on each	na death. Do i	381	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima
ı	snock, or heart failure.  IMMEDIATE CAUSE (Final	complications that. List only one cau	it chused thuse on each	na death. Do n n lina.	381	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima
	snock, or heart failure.	. List only one cau	se on each	silna.	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima Interval Be
ı	IMMEDIATE CAUSE (Final disease or condition	. List only one cau	se on each	na death. Do in lina.	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima Interval Be
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO	Septon and section of the section of	SIS	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima Interval Be
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata	a. OUE TO	Septon and section of the section of	silna.	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima
	snock, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a. OUE TO DUE TO C.	SCP (OR AS A CO	S/S  ONSEQUENCE OF THE SECUENCE OF THE SECUEN	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	a. OUE TO DUE TO C.	SCP (OR AS A CO	SIS	381 not enter tha	8 ROL	AND	Z, JR AVENU	E, BA	LTO.,	MD.	Approxima
	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. OUE TO b. DUE TO c. DUE TO d.	SCID (OR AS A CC (OR AS A CC	ONSEQUENCE O	381 not enter tha	8 ROL mode of c	AND Julying, suc	Z, JR AVENU th as cerc	E, BA	LTO.,	MD.	Approxima interval Be Onset and
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	SERVICE, OF Neart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.	a. OUE TO b. DUE TO c. DUE TO d	SCID (OR AS A CC (OR AS A CC	ONSEQUENCE O	381 not enter tha	8 ROI mode of c	AND hylng, such	Z, JR AVENU th as card	E, BA lisc or reap  24a. WAS AN PERFO! 1  YES :	LTO., iratory arre	MD .	Approxima Interval Be Onset and  / m o  vere autopsy pr MAILABLE PRIOR 1  COMPLETION OF CU FF DEATH?
	SERVICK, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.	a. OUE TO b. DUE TO c. DUE TO d.	(OR AS A CO	ONSEQUENCE O	381 not enter tha	8 ROI. mode of c	AND bying, such	Part I.	E, BA llac or reap  24a. WAS AN PERFO! 1  YES 2	LTO., iratory arre	MD .	Approxima Interval Be Onset and  / m o  vere autopsy pr MAILABLE PRIOR 1  COMPLETION OF CU FF DEATH?
	SROCK, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. OUE TO b. DUE TO c. DUE TO d	GR AS A CO OR AS A CO OR AS A CO OR AS A CO DER/Outpetle INJURY	ONSEQUENCE O	381 not enter that  Fig.  OWN  Fig.  OTHER:  A   Nursing  E OF   26c.	8 ROL mode of c	AND bying, such	Part I.	E, BA llac or reap  24a. WAS AN PERFO! 1  YES 2	LTO	MD .  24b. W A C C 0 1	Approxima Interval Be Onset and  / m o  vere autopsy pr MAILABLE PRIOR 1  COMPLETION OF CU FF DEATH?
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	SROCK, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	B. OUE TO  B. DUE TO  C. DUE TO  d	(OR AS A CO (OR AS	ONSEQUENCE O	381 not enter tha	8 ROL mode of c	AND bying, such	Part I.	24a. WAS AN PERFOI 1 YES (Specify) CRIBE HOW (Street	LTO	MD .  24b. WA A C C C C T T T T T T T T T T T T T T	Approxima interval Be Onset and Amno
	SROCK, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	B. OUE TO  B. DUE TO  C. DUE TO  d	(OR AS A CC (OR AS A CC) (OR AS A CC)	ONSEQUENCE O	381 not enter tha	8 ROL mode of c	AND bying, such	Part I.	24a. WAS AN PERFOI 1 YES 2	LTO	MD .  24b. WA A C C C C T T T T T T T T T T T T T T	Approxima interval Be Onset and Amno
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	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investig	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A CC (OR AS	ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, farm, 1	381 not enter that  F):  OUN  OTHER: 4   Nursing  E OF   28c. URY M   1	8 ROI. mode of co	DEATH (C)	Part I.  Part I.  Part I.  Seck only on  B Other  286. DES	24a. WAS AN PERFO!  1 YES 2  (Specify)  CRIBE HOW II  ATION (Street or Town, State)	AUTOPSY MACO?  RAUTOPSY MACO?	MD .  24b. WA C C O O 1  URED OF Rural Round.	Approxima Interval Be Onset and  Amo  Interval Be Onset and  Interva
	SROCK, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation investigation and investigation investigation investigation and investigation investigation and investigation investigation and investigation investigation and investigation an	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A CC (OR AS	ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, farm, 1	381 not enter that  F):  OUN  OTHER: 4   Nursing  E OF   28c. URY M   1	8 ROL mode of c  ying cause  ying cause s. PLACE OF Home 5   iNJURY AT WORK?	DEATH (C)	Part I.  Pert I.  28 Other  28d. DES  to the cau	24a. WAS AN PERFO!  1 YES 2  (Specify)  CRIBE HOW II  ATION (Street or Town, State)	AUTOPSY TIMED?	MD .  24b. W A C C O 1  URED  or Rural Rou d. cause(a) a	Approxima Interval Be Onset and  Amo  Interval Be Onset and  Interva

21239

32. REGISTRAR'S SIGNATURE

wie Landon-Rando

31. DATE FILEO (Month, Day, Year)
FEB 1 6 1993

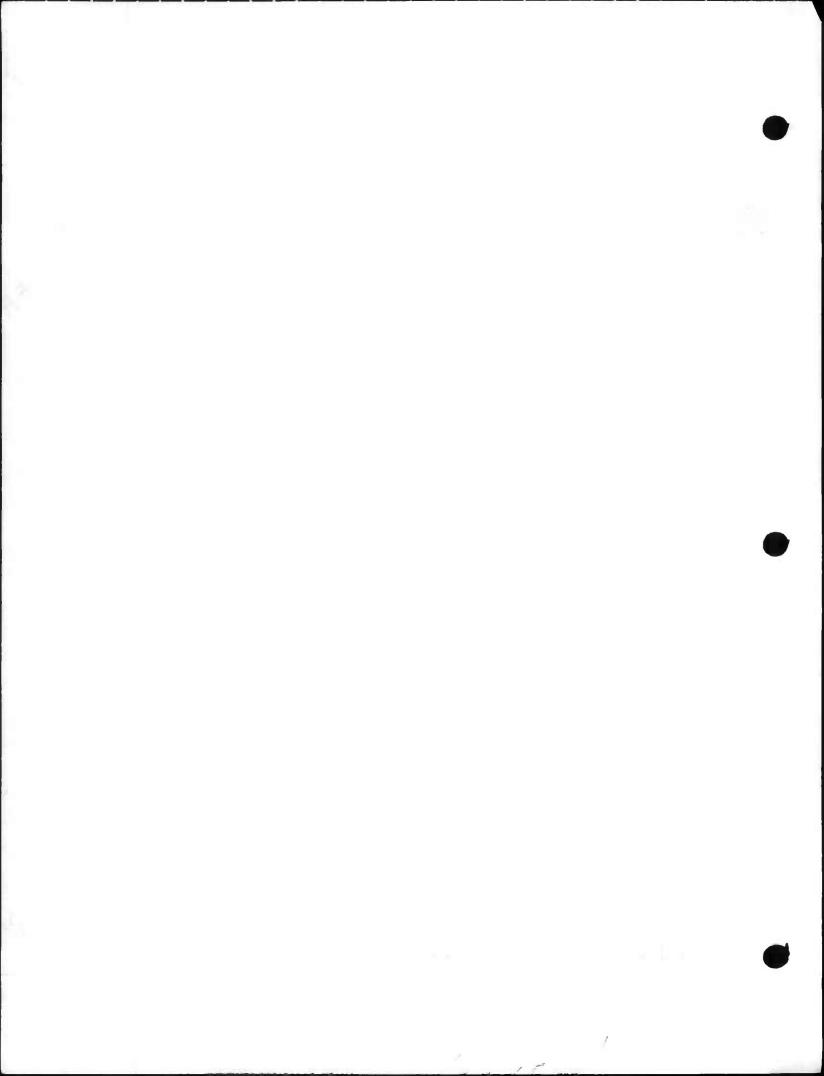
and a property of the

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any attending to the standard of companion or companion or companion.	De med mann 12 hours are been man die 20ste dept. Or heath and hence higher product comment, or remove.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the based within 72 hours after death with the State Death and Montal Huminian prior in hurbal commission or command	M M
		- 4	_

31. DATE FILED (Month, Dey, Year)
FEB 12 1993

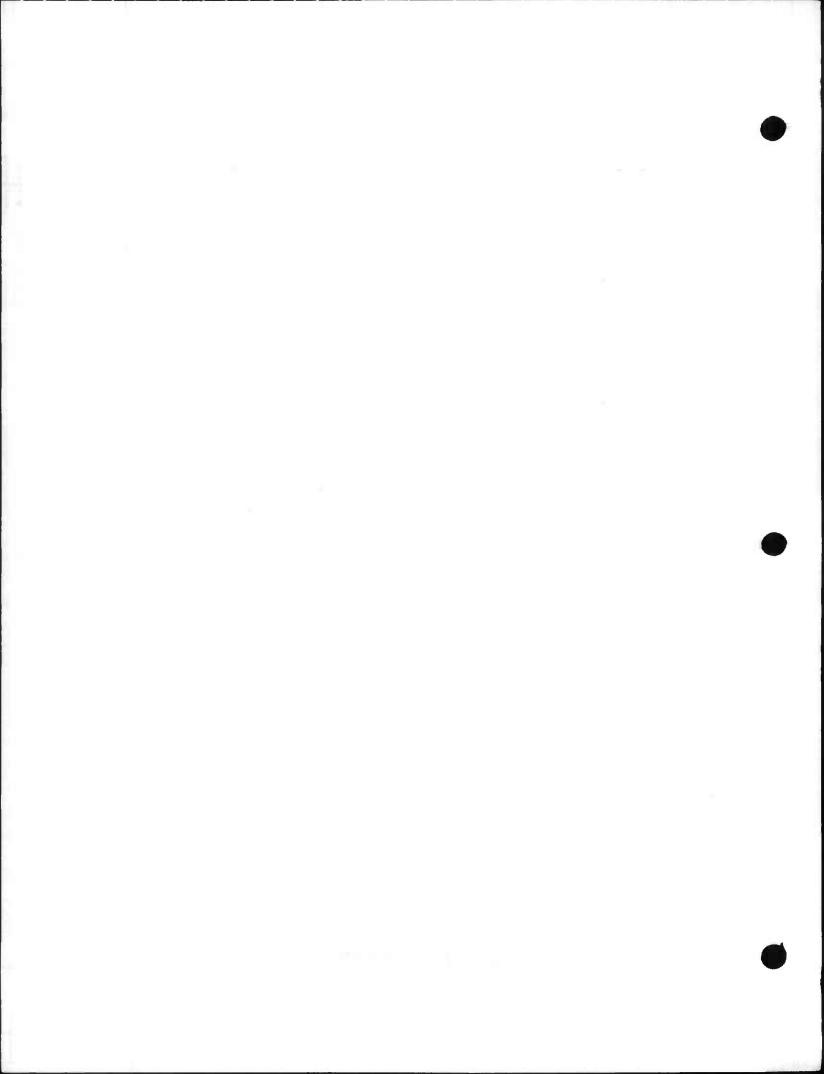
_	FOR 1 - STATE REGISTRAR	STATE OF N		D / DEPAR CERTIF				F	REG. NO.		, ,	
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLE	S		CA	RTER	8	2. DATE OF DEATH 1-28-93 3. TIME OF DE				THE OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 🔀 M 2 🗌 F	(iii ) ret reet on orony)		IF UNDER 1 1	EAR IF UN	IDER 24 HRS.	7. DATE OF (Month, Do	ny, Year)		B. BIRTHPL Country)	ACE (State or Foreign
S.B.	9a. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital					ver S	pring	<u>  11–3–</u> EATH	1968		or DEA	y County
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	NCE OF DECEDENT 10b. COUNTY				LOCATION						Od. INSIDE CITY
		tgomery ( Fairlan			Silve	Spri				the CITE		LIMITS?  YES 2 NO  AT COUNTRY?
FUNERAL	Fairland Nursing	Home									LEN OF WIL	AI COOKINIT
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	□ NO	H y	ss, specify C	IT OF HISPAN uban, Mexica NO Specify	NIC ORIGIN? (S in, Puerto Rica y:	ipecify Yes n, etc.)	or No—	14, RACE — Black, 1 Specify:	- American Indian, White, etc.
ETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)			Give kind of life. Do NOT us	USUAL OCCI work done duri se retired.)	JPATION ng most of w	orking	16b. KII	ND OF BUS	INESS/IND	USTRY	Dadon
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	ME (First, Midd	lle, Malden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and Nun	nber or Rural i	Aoute Number,	City or Town	n, Starre, Zip	Code)	*
	20a. METHOD OF DISPOSITION 1   Buriel 2   Cremation 3   Rem 4   Donation 5   Other (Specify) 1   1	oval from State	cometen	ACE AND DATE		ON (Name of		DATE	20c. LO	CATION —	City or Town	ı, State
	21. SIGNATURE OF STINERAL SERVICE LIC	and the second second	ld Wad	e, Dir 2/9/93	22. NA	ME AND ADD	RESS OF FA	curstat reSt,B	e An	atomy	y Boa	rd
7	23 PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the	e death. Do								Approximata Interval Between
	MMEDIATE CAUSE (Final disease or condition resulting in death)	A	S	289	25							Onset and Death
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
-ICAT!	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с.		NSEQUENCE O								
CERTIFICATION	that initiated events resulting in death) LAST	d	(Or NO N OO!	NSEGUENCE O								
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but n	not resulting	in the unde	rlying caus	e given in		PERFOR	MED?	0	VERE AUTOPSY FINDINGS WALLABLE PHIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE O	F DEATH (Ch	eck only one)	-			
HYSI	YES 2 NO	HOSPITAL: 1 Impatient 2		nt 3 □ DOA		Home 5		6 Other (S)		CILIEN OCC	TIBED	
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, D	1-95	At home, farm,	M	WORK?		281. LOCATIO	tru	CK	6	aito
ETED	4 Homicide determined	building,	etc. (Specify)	54	ree	+ -		City or Ti	own, State)			ne number,
COMPLET	one) 2 MEDICAL EXAMINE											and manner as stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	500	2		~~	290.	LICENSE NUI	MBER	6	29d. DATE	SIGNED (A	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH		Print)	268	العا	1,5 Ce	ms.	, w	se t	and solve

32. REGISTRAR'S SIGNATURE



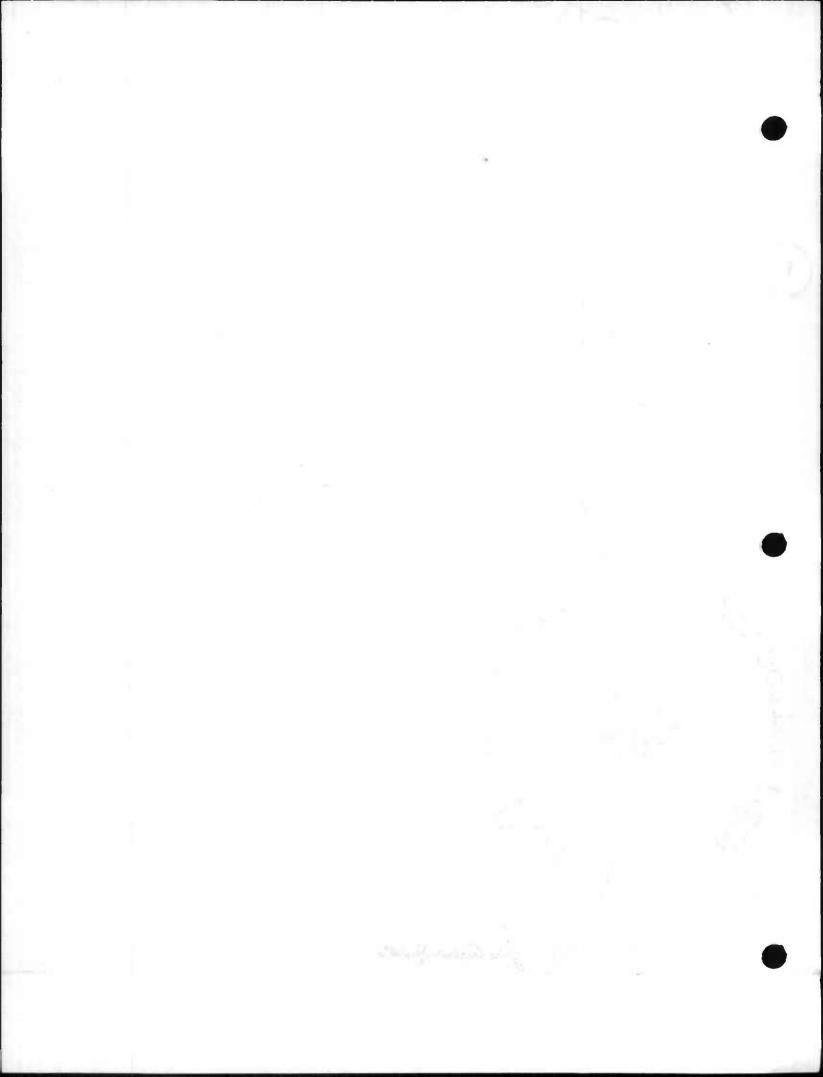
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attend to the by the tuneral director, page 5 should be detached for uge as its	files examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or, attending physician and completely filled in by the funeral director, page 5 should be detached for uge as the complete or the funeral director, page 5 should be detached for uge as the	De filed within 72 hours after death with the State Dept. of Health and Nertal Hyglere prior to Burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
- 8	1. DECEDENT'S NAME (First, Middle, Last)	Eugene Do		ietrich		2. DATE OF E		93ª	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	ER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							LACE (State or Foreign			
1	218-76-5453 Sa. FACILITY NAME (If not institution, give s								aryland			
DIRECTOR	Francis Scott Key Medical Center  RESIDENCE OF DECEDENT  Baltimore City  Baltimore City											
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
	Maryland  10s. STREET AND NUMBER	Baltimore			Dund	lalk ———			LIMITS? 1 YES 2 XNO			
HA	7839 St. Clair	0 1 000		101.	ZIP CODE	222			C + c + c +			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI			14. RACE	States  - American Indian,			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specif		, etc.)	Black, Specify	White, atc.			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION done during most	N st of working	16b. KIN	D OF BUSINESS/IN	DUSTRY				
IPL.	9th Grade	Collège (1-4 or 5+)		orer		Hor	ne Impro	womon	t.			
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Maiden Sumema)					
BE	Fdward A. Dietr.  19a. INFORMANT'S NAME (Type/Print)	ich				1. Mich						
2	Debra Dietrich		1		ire Lane			. ,	21222			
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (Ne		DATE	20c. LOCATION -	_				
1 \( \mathbb{Reviel} \) 2 \( \mathbb{C} \) Cremetton 3 \( \mathbb{Removal from State} \) 4 \( \mathbb{D} \) Donatton 5 \( \mathbb{O} \) Other (Specify) \( \mathbb{M} \) Eadowridge Mem. Park 2/13/93 \( \mathbb{D} \) Orsey, Maryland												
	21. SIGNATURE OF FISHERAL SERVICE LIC	LI C	1		-Ruck Fu		Home of	Dunda	lk, Inc.			
Щ	- Charlin	· Joseph		7922	Wise Au	e. Di	undalk.	Maryl	and 21222			
		Complications that cause of electric controls on the cause of the caus	I the death, Do not ach line,	enter the mo	de of dying, suc	h aa cardiac	or reapiratory a	rreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Bespiratory Avest 30 in in											
	resoluting in coatti)											
NO	Sequentially list conditions,  Due to (or as a consequence of:  Due to (or as a consequence of:											
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	,									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
CEF		d							+			
AL S	PART II. Other significant condition	s contributing to death b	ut not resulting in	tha underlying	cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
PHYSICIAN: MEDIC						_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
X						-			I NES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			ACE OF DEATH (Ch	eck only one)						
IXSI	1 VES 2 NO	1 Sepatient 2 ER/Outp	atient 3 DOA 4	-	5 - Residence	6 Other (Spe	only)					
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	JRY AT RK? ES 2 NO	28d. DEŞCRIB	E HOW INJURY O	CURED				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre				N (Street and Number	er or Rural Ro	ute Number,			
Ш	4 Homicide datermined	bullaning, etc. (apec				City or Tou	vn, State)					
COMPLET		CIAN: To the best of my knowl							and manner on whited			
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				Worth, Day, Year)			
100	Susand.	Schen n	CUY				<b>&gt;</b> C	2/11/	73			
2	30. NAME AND ADDRESS OF PERSON WH											
	31. DATE FILED (Month, Day, Year)	RUY MUCK	al Clic	es								
	FFB	Keymedica 32. REGISTRAR'S SIGNA 6 1993	Julia Devide	n-Mandal	e.							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attri		BALTIMORE, MARYLAND 21215-00	hours after death. Page 6 may be retained by the hospital or att
		DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

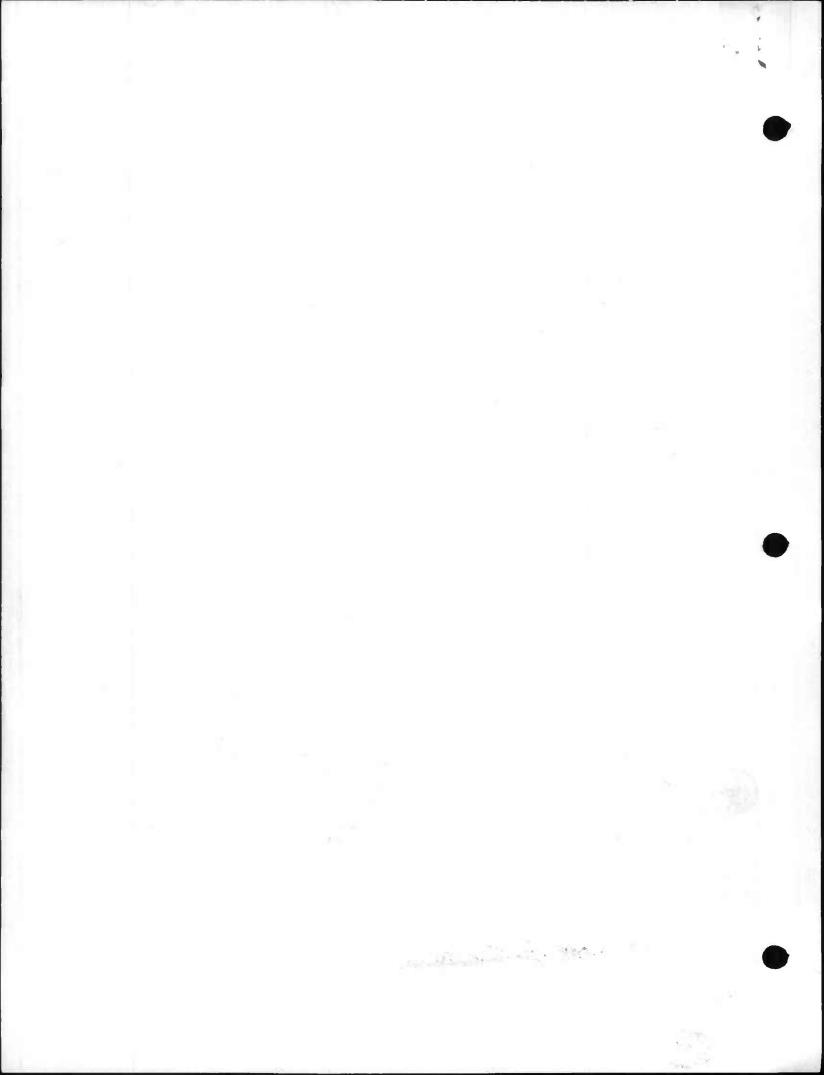
	1 - FOR STATE REGISTRAR	STATE OF N		EPARTME RTIFICA			MENTAL HYGIE		3	035	
	1. DECEDENT'S NAME (First, Middle, Last)	Earl	Benjami		Davis		2. DATE OF DEATH MONTH FEBRUARY		/EAR	TIME OF DEA	
ì	4. SOCIAL SECURITY NUMBER  227-18-4712  9a. FACILITY NAME (If not Institution, give si	5. SEX	6. AGE (In yrs. last b	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10_17_25	7	Country) JTRGT		Corei
TOR	VA MEDICAL CENTER	real and number)		1	ORT H		EATH	BALT			
DIRECTOR	MARYLAND BALT			10c. CITY, TOY	N OR LOCAT	DUN	DALK		5000	d. INSIDE CIT LIMITS?	
FUNERAL	100. STREET AND NUMBER 213 CLEVELAND AVEN				101. ZIP CODE 21222			10g. CITIZE	N OF WHAT	T COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XIX YES 2 NO IF YES, GIVE WAR OR DATES WWII 1944 - 11/30/48			If yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly:	Yes or No — 14	Black, WI Specify:	American ind hita, etc.	lar
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give	DENT'S USUA kind of work do o NOT use retire	one during mos		100	BUSINESS/INDUS			Ī
COMPL	12th GRADE  17. FATHER'S NAME (First, Middle, Last)  (UT 1 1 TAM DENITAUTA						AME (First, Middle, Maio	,	)FFEE		
TO BE	190. INFORMANT'S NAME (TypoPrint)  Wis. Gertrude				LEE TUCK Poute Number, City or 1  Dundalk	own, State, Zip Co		01000	_		
	29a. METHOD OF DISPOSITION 1A. Burlal 2 Cremation 3 Remark 4 Donation 6 Offer (Specify)	POSITION (Na	me of	OATE 20c.	LOCATION — CIT	y or Town,					
	12. Burial 2 Cremation 3 Removal from State  4 Donation 6 Offer (Specify)  21. BECHATURE OF FURTAL SERVICE LICENSEE  Competery, crematory or other place)  Carried on Further And Address of Facility  Duda—Ruck Funera  7922 Wise Ave.,							INGS MI e of Du	ndalk	k, Inc	
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ADVANO DUE TO	RY TRACT (OR AS A CONSEOU CED ALZHE (OR AS A CONSEOU (OR AS A CONSEOU	EIMER 1 S						Onset an	
MEDICAL CE	PART II. Other algolficant condition	ulting in the	underlying	cause given in		AN AUTOPSY ORMED? 2 NO	AMA COI OF	RE AUTOPSY I ULABLE PRIOF MPLETION OF DEATH?	C		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT I	26. PL	ACE OF DEATH (C)	neck only one)				
Y PHYSI	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2   28a. DATE OF (Month, De			Nursing Home 28c. INJU WO	URY AT	6 Other (Specify) 28d. DESCRIBE HON	W INJURY OCCURED			
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	280 PLACE OF INHERY AND							Rural Route	Number,	
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE									d manner as	eta
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mont								rith, Day, Year		
	CAROLINA CUSTODIO  31. DATE FILEO (MONTH, Day, Veer)	O, MD, VA			CR, FO	RT HOWAR	RD, MARYLA	ND 210	52		
	FFB 1 6 1993		A SIGNATURE	platt?	7						



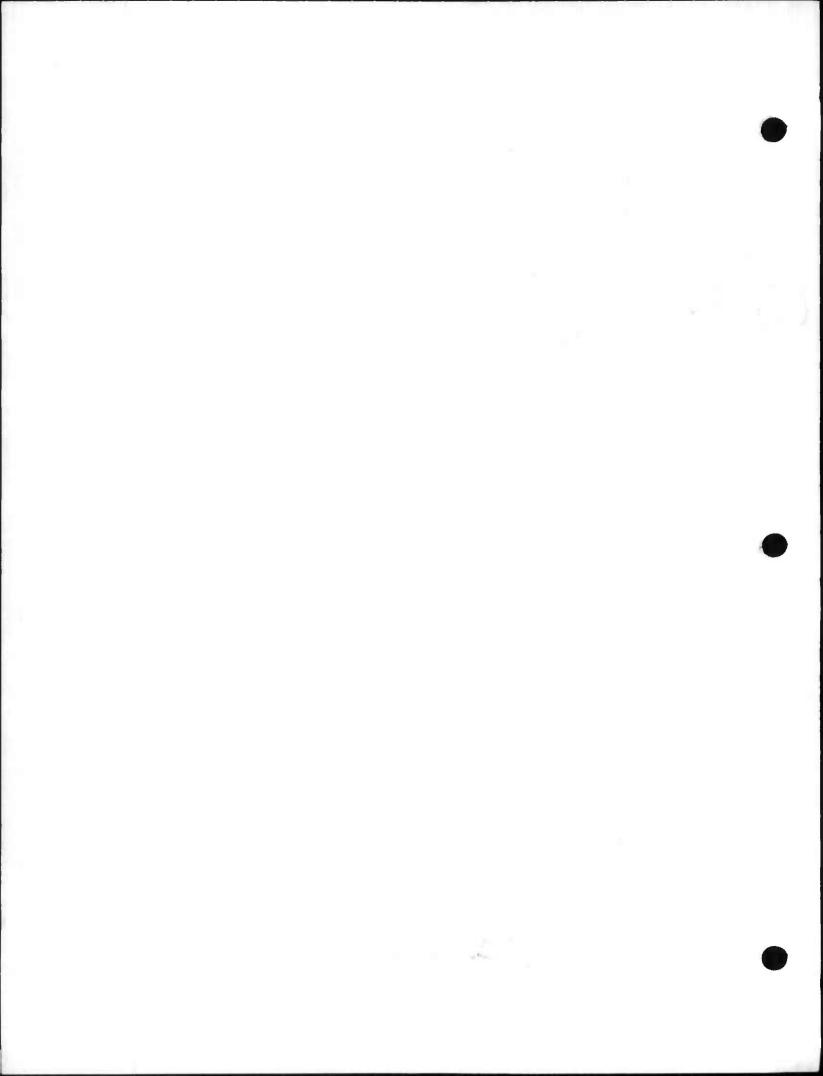
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	0 0	OLIVIII	TOATE (	N DEATH	2. DATE OF DEA	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRT	8, 1993	BIRTHPLACE (State or Foreign		
	213-03-9159 213-01-9159	1×1 M 2 🗆 F	b YRS.	MONTHS DA		Month, Day, Y		TARYLAND		
<u>«</u>	9a. FACILITY NAME (If not institution, give str	eet and number)			WN OR LOCATION OF I	DEATH		TY OF DEATH		
CTOR										
L DIRE	MARYLAND BALT	imore		ARKU			Lavor	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 NO		
FUNERAL	867P DAY	O Avs			21231	1	109. CITIZ	EN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yes	DECENDENT OF HISP, s, specify Cuban, Mexic YES 27 NO Spec	can, Puerto Rican, el	Ify Yes or No-	4. RACE — American Indian, Black, White, etc. Specify:		
TE O	15. DECEDENT'S EOUC (Specify only highest grade of	ATION	16a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16b. KIND C	F BUSINESS/INDU	STRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	FORSI	se retired.)		ς,	· Lay	MEAT CO		
once. COMPL	17. FATHER'S NAME (First, Middle, Lest)	- 0	1 0102	INCI	18. MOTHER'S NAME (First, Middle, Maiden Surname)					
111 B	BENJAMIN	E. DE	hade-		FLORE		RPLS			
TO BE	190. INFORMANT'S NAME (Type/Print)	200	19b. MAILING	ADDRESS (Str	reet and Number or Rura	Route Number, City	or Town, State, Zip (	Code)		
å	20a. METHOD OF DISPOSITION	200	b. PLACE ANODATE	OF DISPOSITION	N/Name of	OATE 2	c. LOCATION — C	ity or Town, State		
r must	1 Burisi 2 Cremation 3 Remo		DAK LAU	2200	retery	193	BALTO.	MARYLAND		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSER		SVA	AND ADDRESS OF P	T 0 = 1 17	Moritis			
medical ex	23. PART I. Enter the diseases, or co	Namo,	i vijestelje iz er	88	00 HARFO	ORO ROAC	- TAR	et, Approximate		
remanon,	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	etaslahi	Onset and Do							
or other traumatic or ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							
Mental Hy Ijury, or L CER	d									
ws any injury, IEDICAL CI	PART II. Other algorificant conditions	contributing to death I	but not resulting	in the undar	lying cause given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
								1 TES 2 NO		
or item 23 sho IYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	Check only one)				
. 07	1 TES 250 NO	1 Inpetient 2 ER/Out		4 - Nursing	Home 5 Residence					
BY PHY	1 Metural 5 Pending 2 Accident Investigation 3 Suicide Could and be	(Month, Day, Year)  28e. PLACE OF INJURY		JURY M 1	WORK?	YES 2 NO				
ZED TED	4 Homicide 6 Could not be	building, etc. (Spe	cify)	otroet, factory,	ornee	City or Town,		r Rural Route Number,		
MPORTANT: If Item 24 TO BE COMPLETED		CIAN: To the best of my know						i. Cause(s) and menner as stated		
IMPORTA TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	edo			29c. LICENSE NU	JMBER	29d. DATE	SIGNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO SCOTT A RORD	9101 Frank	LIA SZUI	ore Dr	Suite ?	205 Ba	ItO MD	21239		
	31. DATE THEO, (Month, Day, Year)	32. REGISTRAR'S SIGN								



	1 - STATE REGISTRAR	SIALE UF MAH			OF DEA		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				OI DEA		2. DATE OF DEATN			3. TIME OF DEATN
	MILBRUFTS V.	DUNSO	N				MONTH D	AY 2	93	1037 AM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)			R 24 HRS.	7. DATE OF BIFT'N (Month, Day, Year)		8. BIRTN Country	PLACE (State or Foreign
1	228-09-1126	1 🗆 M 2 📈 F	8/ YRS.	MONTHS	DAYS HOURS	MIN.	5-11-191	1	Country	"Va
	Sa. FACILITY NAME (If not institution, give str	reet and number)		96. CITY,	TOWN OR LOCAT	ON OF DEA	ATH	9c. COL	UNTY OF D	EATH
O	University Ho.	Spital		Ba	(40)					
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c CI	TY, TOWN OF	LOCATION				T	to distance over
DIRECTOR	Mil									10d. INSIDE CITY LIMITS?
	104. STREET AND NUMBER 101. ZIP CODE 16g. CITIZEN OF WHAT								1 YES 2 NO	
7	501 Dolphin	ST			7 (	2.17	)	log. Cr	11.	5.4
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13, W	AS DECEMBENT	OF HISPANI	C ORIGIN? (Specify Yes	or No-	14. BACE	— American Indian,
B∀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 N		- If	yes, specify Cubi	ın, Mexican	, Puerto Rican, etc.)		Specif	, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION	16a. DECEDENT		CUPATION iring most of world		166. KIND OF BU	SINESS/IN	IDUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	iring most of world	ng				
MP										
8	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	IE (First, Middle, Maiden	Sumame)		
H	John Moore	,			1	da	B002+	2		
5	180. INFORMANT'S NAME (Type/Tyrin) MANSHA ( 100)	e	19b. MAILIN	G ADDRESS	Street and Numbe	ber	oute Number, City or Tow	Bal	TO CODE)	1
	20a, METHOD OF DISPOSITION 1 Description   Method   Description   Comments   Description   Descripti	wat from State	20b. PLACE AND DATE cemetery, crematory of	other place)	ION (Name of Par	K	2/19/93 At	CATION -	- City or To	wn, State
	21. SIGNATURE OF FUNITRAL SERVICE LICE	ENSEE	FILDING		AME AND ADDRE	SS OF FAC	1	UMM	20 /1 00	
	Hala	Mar	de	40	rich!	T. H.1	Wast	a	ne	
	23. PART I. Enter the diseases, or contained abook, or heart failure. L	omplications that car	sed the death. Do	not enter t	he mode of dy	ing, such	as cardiac or resp	iratory a	rrest,	Approximate
- {	IMMEDIATE CAUSE (Final	list only one cause o	n each line.							Interval Between Onset and Death
	disease or condition resulting in death)	, hu	to tusing							20 min
		DUE TO (OR	A CONSEQUENCE	DF):						
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE DF):  C									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE I	DF):						
S	CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE	or t	dirak					
Ē	that initiated eventa resulting in death) LAST	-32 13 (311)	TO TO THOUSE OF THE PARTY OF TH	л,						i I
CE										
CAL	PART II. Other significant conditions	contributing to dead	th but not resulting	In the und	erlying cause	given in F	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8							1 DV ES 2			COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED										1   YES 2   NO
ä										
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CTUE	26. PLACE OF C	EATH (Chec	ck only one)			
YSI	1 TES 2 NO	1 I Inpatient 2 I ER/	Outpatient 3 🗆 DOA	OTHER:		esidence 6	Other (Specify)			
표	27. MANNER OF DEATN  1 Netural 5 Pending	28s. DATE OF INJU (Month, Day, Ye	er) 28b. Til	ME OF 2	8c. INJURY AT WORK?		28d. DESCRIBE NOW I	NJURY O	CCURED	
B	2 Accident Investigation			м	1  YES 2	NO				
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, farm, Specify)	atreet, factor		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
P.E.	29a. CERTIFIER (Check only	CIAN: To the beat of my k	nowledge, death occur	red at the tim	ne, data and place	, and due t	to the cause(s) and may	nner an et	eted.	
<u>8</u>	one) 2 MEDICAL EXAMINER									and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	Singer Control of the				ENSE NUME				
H	(120	14	Acon a 0		7	)4340		Z9G. DA	2 JI	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)					0/12	113
	C. Klugewicz	IND /	UMMS,	22 5	S. Gree	M S	it, Balt	0.1	ハシ	21201
	31. DATE FILED MAGNITUDE 1993	32. JEGISTRAR'S S	CONTRACTOR	4						



etlained by the hospital or attending physician. should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	O BE COMBIETED BY BUYOUTH WITHOUT OF WATER
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within a may are death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNE ALL HIS TUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be derache
r death. Page 6 may be retained by the host	TO THE HOSP TO STATE TO THE INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the host

SEAMUS

31. PATE FILED (Month, Day, Year)
FEB-1 6: 1993

OREIL

JOHNS HOPKINS
32. REGISTRAR'S SIGNATURE

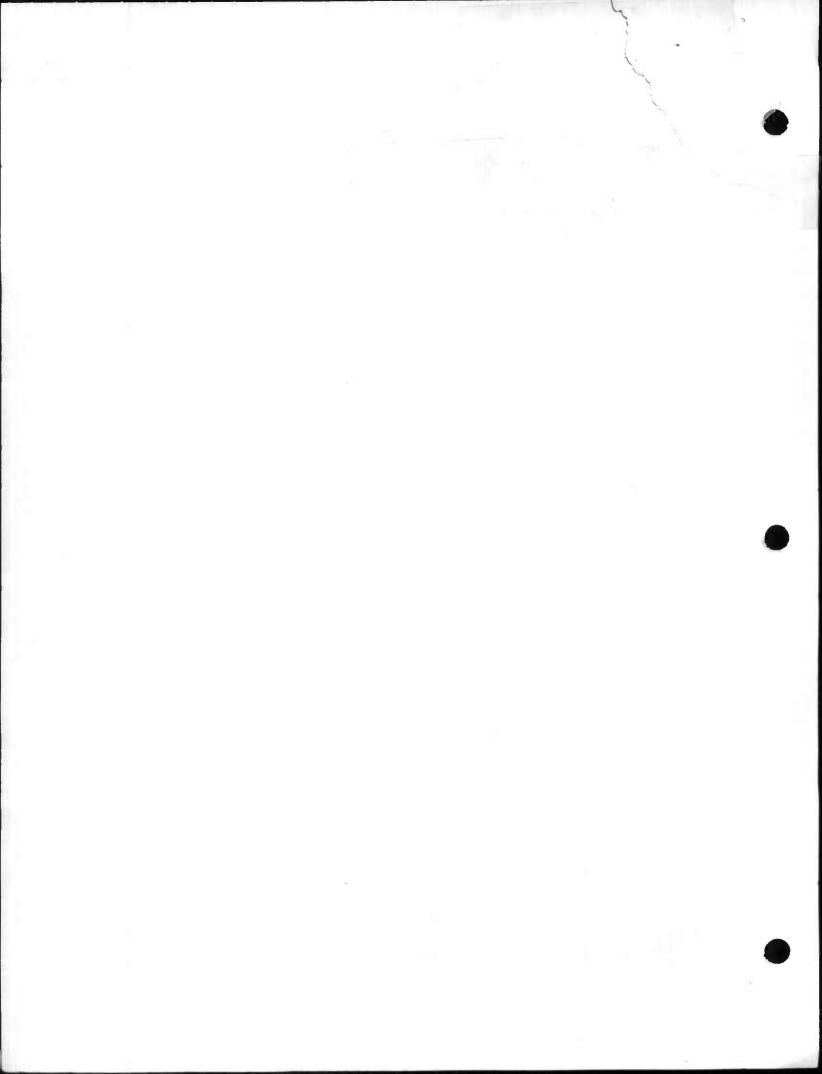
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	ron Jud											93	03	519
	1 - STATE REGISTRAR	STATE OF N	/ARYLAND /	DEPART	MEN1	OF H	DEA	AND	MENT/	AL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)				OATE		DEA	111	2. DAT	E OF DEATH	0.		3. TIME OF	DEATH
	/ Mrs.	Anna		Damm					MON 2		DAY 1 C	YEAR	S. THE OF	DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	?. DATI	OF BIRTH	1 5		HPLACE (State	or Foreign
	214-22-1429	1 🗌 M 2 💢 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	oth, Day, Year)	28	Coun	yland	or rereign
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF D						
DIRECTOR	1335 Woodridge	Lane					kesv			9c. COUNTY OF DEATH  Carroll				
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE C				
ā	Maryland Carroll Sykesville												LIMITS:	?
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10a, CI	TIZEN OF	WHAT COUNTI	
띮	1335 Woodridge	Lane					2	1784				U.S		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. \	WAS DEC	ENDENT C	OF HISPA	NIC ORIGI	N? (Specify Y	es or No-		E — American	Indian
BY F	1 Never Married 2 🛣 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 3	10	1	f yes, sp	ecify Cube 2 ∰NO	in, Maxic	an, Puarto	Rican, etc.)		Spec	k, White, etc. offy:	incitair,
ETED.	15. DECEDENT'S EDU	CATION	18a, DE	CEDENT'S U	SUAL OC	CLIPATIO	ON		10	b. KIND OF B	HEINEGOM	Whi	te	
	(Specify only highest grade Elamentary/Secondary (0-12)	Collegs (1-4 or 5 +	(Gi	tve kind of wor Do NOT use	retired.)	during mo	st of working	ng	"	b. KIND OF B	OSINESS/IN	IDUSTRY		
립	12 th	Conega (1-4 of 5 f	'		F	loue	ewif	0						
COMPL	17. FATHER'S NAME (First, Middle, Last)					1003			ME (First	Middle, Maide	o Curanal			
	Clarence 1	Ruchheist	er							e Mc	,			
띪	19a. INFORMANT'S NAME (Type/Print)	000000000000000000000000000000000000000		. MAILING A	DDRESS	(Street a	nd Number			ber, City or To				
2	Mr. H. Lurman Dan	nm								svill			70%	
	20a. METHOD OF DISPOSITION		20h PLACE A	ND DATE OF	nisposi	TION (No	me of	ile					784	
	20s. METHOD OF DISPOSITION  1 M Burial 2 Cremelion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremejory or other place)  Mt. Olive Cemetery  20c. LOCATION — City or Town, State  27/13 Randallstown, MD													
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1110.	OTIVE	22.1	NAME AN	ID ADDRE	SS OF FA	CHITY					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  122. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, Inc.													
	8728 Liberty Road Randallstown, MD 21133													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
	IMMEDIATE CAUSE (Final													al Between and Death
	disease or condition reaulting in death)	- Malignan	r larcin	010 T	Uno	R.							1 Zug	Ballnt
		DUE TO	OR AS A CONSEC	DUENCE OF):										
N	Sequentially list conditions,	b												
Ě	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQ	IUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury	C												
E	that initiated events resulting in death) LAST	DUE 10 (	OR AS A CONSEC	DUENCE OF):										
5		d											_	
- 1	PART ii. Other aignificant condition	a contributing to	death but not re	eaulting in	the und	deriying	cause g	iven in	Part I.	24a. WAS A	N AUTOPSY	246	. WERE AUTOPS	SY FINDINGS
MEDICAL										PERFO	RMED?		AVAILABLE PR	OT ROM
밀										1 TYES	2 NO	-1	OF DEATH?	
2									_				1 TYES 2	NO
¥	25. WAS CASE REFERRED TO MEDICAL					00 Dt	405 OF D	E 4 T 1 1 10 1						
2	EXAMINER?	HOSPITAL:	F0/0 1 1 1 1	c	THER	:	ACE OF DI							
1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Realdence 6   Other (Specify)														
B∀	2 Accident Investigation	28e PLACE OF	IN RIDY ALL				ES 2 [	NO						
								or Rural I	Poute Number,					
20s. CERTIFIER														
Chock only orie)    CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the lime, data and place, and due to the cause(s) and manner as stated.    Chock only orie)    MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
COMPLETED	MEDICAL EXAMINE	R: On the basis of sx	amination and/or in	rveatigation,	In my op	olnion, de	eth occur	ed at the	time, data	and place, a	nd dus to t	hs cause(s	) and manner	aa stated.
HE	296. SIGNATURE AND TITLE OF CERTIFIER	A					29c. LICE	NSE NU	ABER		29d. DAT	TE SIGNED	(Month, Day, Y	ber)
0	Jeanin UK	elly		14	0		Ter	up.	lice	ne	1 2	2/12	193	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH ATEM	AT (5 0	1 4			_				1		

ONCOLOG

Certer

Baltimore



DIVISION OF VITAL REORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The teach certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

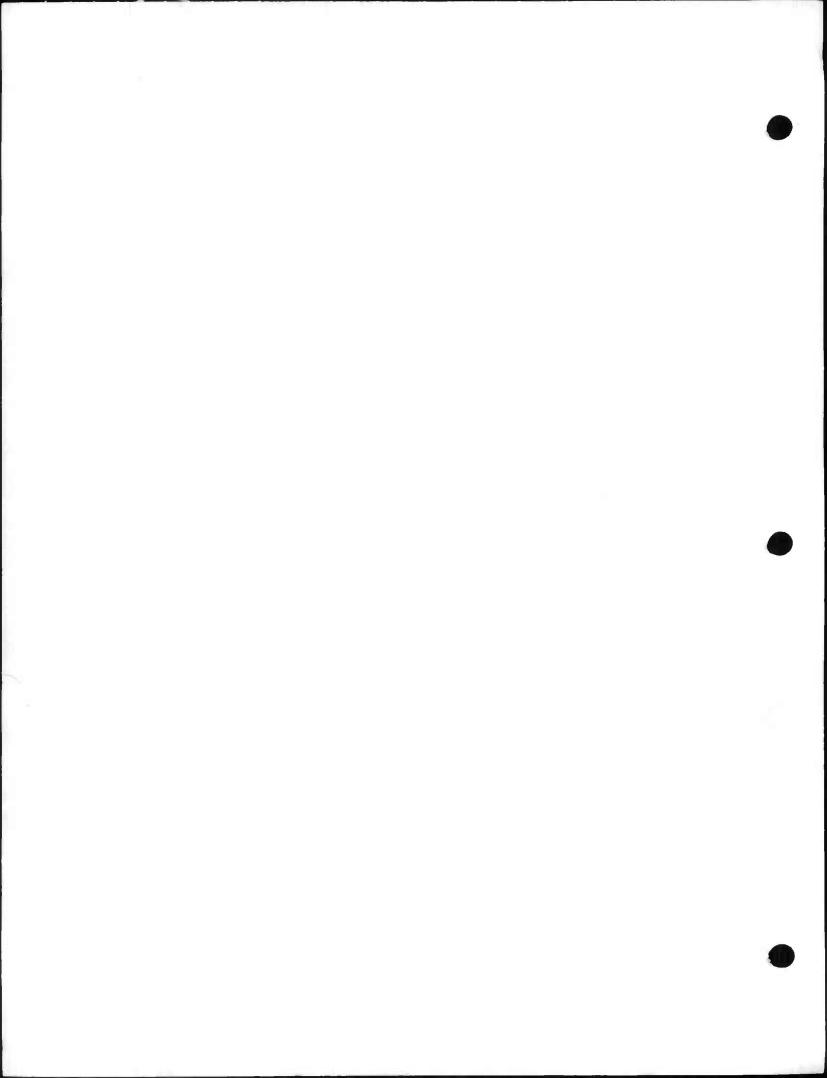
TO THE FUNERAL DIRECTOR: After this certificate that been aged by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It leas 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		C	ERTIF	ICATE	OF DE	ATH			EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C	DEATH			3. TIME OF DEATH
1	FORTEST	ANTH	IONY			DOS	S		0 2	07	199	YEAR	12:30 PM
2	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 Y		IDER 24 H	-	7. DATE OF B (Month, Day	HRTH		8. BIRTHE	PLACE (State or Foreign
		1 M 2 F	27	27 YRS. MONTHS DAYS HOURS MIN.								FLOR	
_	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	WN OR LO	ATION (						
DIRECTOR	27 SEPPEN COU	RT									BAI	TIMO	ORE
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		19c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
E	MD.			BALTIMORE								LIMITS?	
	10e. STREET AND NUMBER			BALTIMURE 101, ZIP CODE							10a CIT		1 X YES 2 NO
ER/	27 SEPPEN COU	RT		101. ZIP CODE					7		-		TAT COURTE
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	DECENDER	T OF H	ISPANIC	NIC ORIGIN? (Specify Yes or No.— 14.				- American Indian,
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								White, etc.					
(Specify only highest grade completed) (Give kind of work done during most of working													
2	Elementary/Secondary (0-12)	College (1-4 or 5 -	''										
M	17. FATHER'S NAME (First, Middle, Last)		UN	EMPL	OYED	46.6		10. 11.11.	(First, Middle	E			
	NELSON DOS	S				10. 10	ORA		DOS:		Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	reat and Nur					Chair 7ir	Code	
2	NELSON DOSS				LAURET								16
	20g METHOD OF DISPOSITION 1 ABurlat 2 ID Cremation 3 Rem		20b. PLACE	AND DATE	OF DISPOSITIO		2210	,,,,	DATE		_	City or Tow	
	4 Donation 5 Other (Specify)	oval from Stata	cemetery, cre	ZION	ther place) CEMET	ERY				BAL'	TIMO	RE, M	D.
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE	.0	1	22. NAI	E AND ADD							
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTTMORE ST. BALTO. MD. 21223; P.O. BOX 4433												
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
	immediate Cause (Finai									Interval Between Onset and Death			
	, , , , , , , , , , , , , , , , , , , ,	DUE TO	(OR AS A CONSE	DUENCE O	F):								
NO	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	OUENCE O	F):								
임	CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CONSE	DUENCE OF	F):								-
E	resulting in death) LAST	4											İ
2	DART II Only a standillary and a standillary												
DICAL	PART II. Other significant condition	s contributing to	death but not r	eaulting	In the under	lying caus	e give	n in Pa	irt i. 24a.	WAS AN A			WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
ă									_ 15	WES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME									-				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
S	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE O							
Ĭ	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM	4 Nursing	Home 5 kg			Other (Spe 8d. DESCRIB	-	IIII OO	NIDEO	
	1 Natural 5 Pending	(Month, De	ay, Year)	INJ	URY	WORK?			ou. DESCRIB	E NOW IN	JUHY OCK	UNEO	
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s				_	8f. LOCATION	(Street ar	nd Number	or Rural Ro	ute Number
TE	4 Homicide determined	building,	etc. (Specify)						City or Tow	vn, State)			
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	d at the time	date and pl	ece end	d due to	the sevents	and man		- 4	
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  288. LOCATION (Street and Number or Rural Route Number, City or Town, State)  289. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								and manner as stated.					
BE	/ aunt	oko V	W					. М .					Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUS	OF DEATH (ITE	M 27) (Type,	Print)	1		• 11 • .	• ند		. 0	4/08	/1993
	VIARON LAC	KE MY	( )		Stree	t. F	alt	t im	ore	Mar	e l vr	ьп	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		20100	1	a.L	C -1111	OTE,	rial	ула	IIu	21201
	FEB 16 1993	was way	doon-Rand	.00									ľ



REG. NO

2. DATE OF DEATH

FEB

7. DATE OF BIRTH (Month, Day, Yea

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 1 M 2 DE

4. SOCIAL SECURITY NUMBER

1

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22 d 7800 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 96. CITY, TOWN OR LOCATION OF DEATH 3224 PARKVILLE CTON DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY MARKANI FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3224 ACTON 21234 hours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2. NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, 1 Tes 2 Tes Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5 +) 8 YRS Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 76 BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ampley RECORDS ROVE 90 20e. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS Jan 23. PART I. Enter the disagges, or compilections that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heary indure. List only one cause on each line.

IMMEDIATE CAUSE (Final has been signed by the attending physician and completely filled in by the I Dept. of Health and Mental Hyglene prior to burial, cremation, or removal, DIFUSE INTRA-AGROMINAL disease or condition CARCINOMATOSIS requires that the death certificate be executed within traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): METASTATIC COLONIC CARCINOM A CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CARCINOMA Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED 23 shows any 1 YES 2 NO PHYSICIAN: WE SW 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 自用 1 YES 2 NO HOSPITAL . OTHER: lent 2 ER/Outpetient 3 DOA Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY A' WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO BY 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) HOSPITAL OR ATTENDI 28 is COMPLETED 6 Could not be DIRECTOR. 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTOR DE filed within 72 hours III IMPORTANT: It item 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de AND/TITLE OF CERTIFIER B 9

RETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

YDS

93 03521

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign

BALTIMORECO

10d. INSIDE CITY

1 YES 2 THO

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED.

2

COMPLETION OF CAUSE OF DEATH?

PARY

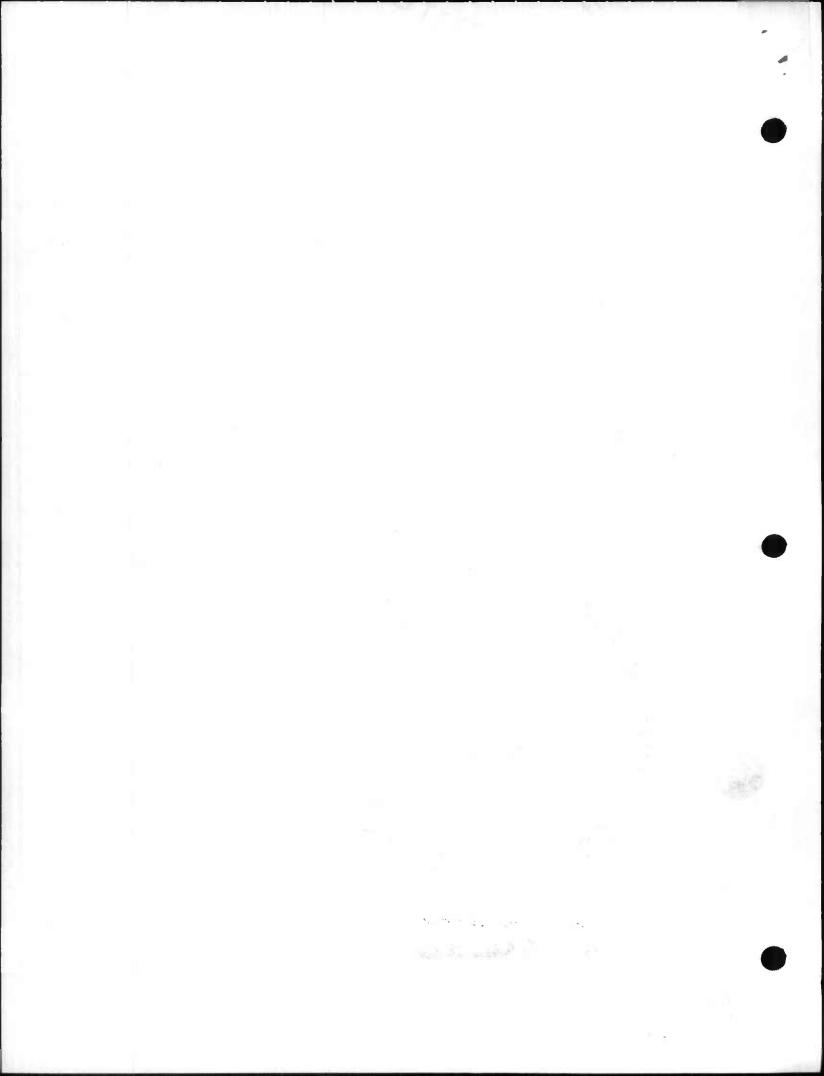
10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE - Am

9c. COUNTY OF DEATH

DHMH-16 Rev 1/89



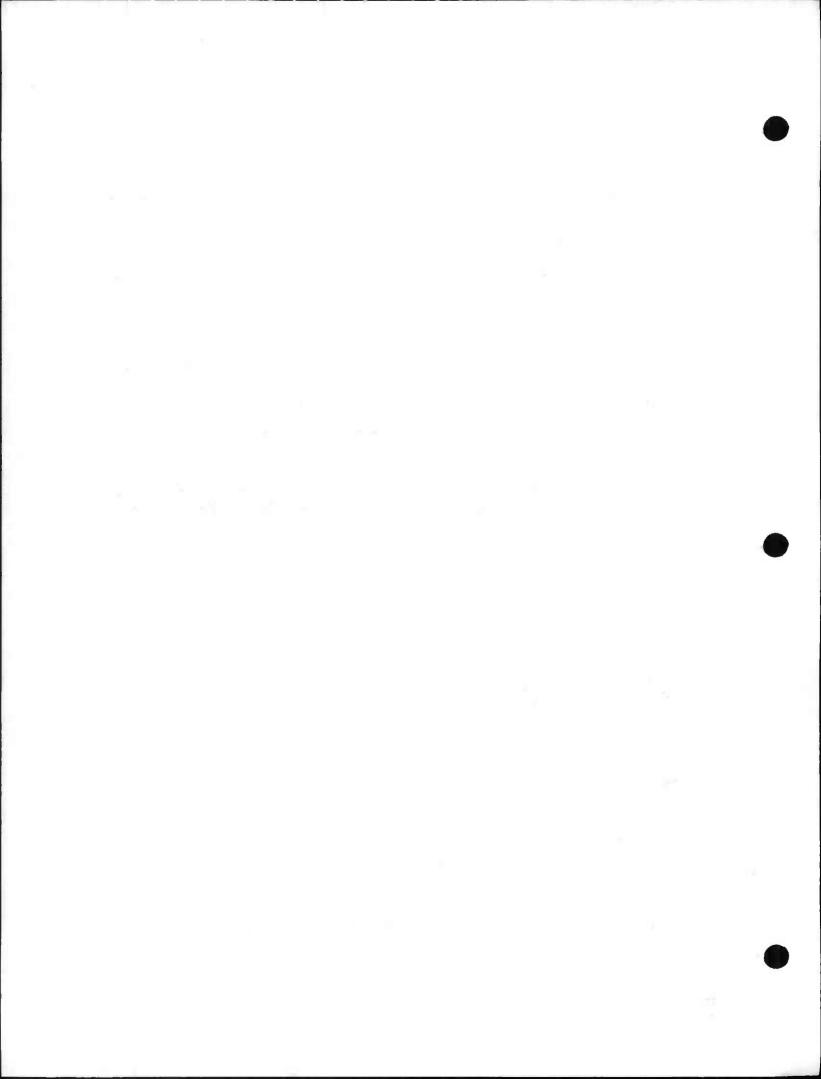
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDANG THE LAW INQUIRES THE LOSS THE LAW IN THE LAW INDUSTRIES THE HOSPITAL DIRECTOR. AND INSTITUTION THE LAW INCOME. THE LAW INCOME AND INSTITUTION TO THE LAW INDUSTRIES THE LAW IN THE L

STATE	OF MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI	E
	C	FRTIFICATE		FDEAT	THE S		050 110	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGIEN	E	03322	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	ROBERT OSCAR	ECK				2 13		м	
	4. SOCIAL SECURITY NUMBER	6.77	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)	
	213-20-3097		YRS.	278 20%		9-25-25	Ma	rylnad	
œ	9a. FACILITY NAME (If not institution, give st Stella Maris Ho				OR LOCATION OF DI	EATH	9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT	spice		Tows	on		Balt	imore	
R	10a. STATE 10b. COUNTY		12.11	Y, TOWN OR LOCA	2-30			10d. INSIDE CITY LIMITS?	
PAL	Control broken politicischen	U.S.A	WHAT COUNTRY?						
FUNERAL	9668 Magledt Rd. 21234  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Spe-								
	1 Never Married 2 Married	Bil	CE — American Indian, ick, Whita, etc.						
B	1 Never Married 2 Married  3 Widowed 4 Divorced  FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:							ite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yrs	Me. Do NOT us	se retired.)					
M	17. FATHER'S NAME (First, Middle, Last)	2 yrs	Auto W	orker			1 Motor	S	
						ME (First, Middle, Maiden :			
BE	Lawrence W. Eck  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Catheri	ne Route Number, City or Town	SLOVAK		
2	Marv Ann Eck		1			imore. Md.			
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremetion 3 □ Remo		PLACE AND DATE	OF DISPOSITION (No		OATE 20c. LOC		Town, State	
	4 Donation 5 Other (Specify)	D	etery, cremetory or o ulane 17V			2-17 Timo	nium, M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	//		ND ADDRESS OF FA	<del>сым</del> Funeral Ho		Tel:	
	Cal &	· / anon		1050	York Ro	l. Towson,	Md. 212		
	23. PART I. Enter the diseases, or coshock, or heart feliure. L	omplicatione that caused	the deeth. Do r	not enter the mo	de of dying, suc	h ea cerdiec or respli	ratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Melse	Eli.		8/0	msch		Onset and Death	
	resulting in death)	h							
_	_	DUE TO (OH AS A	CONSEQUENCE OF	rj.					
ě	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	n:				1	
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	la :							
E	thet initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION		ķ.							
	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlying	g cause given in	Part I. 34s. WAS AN A	denne.	NE. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
8	Priloritis	Alorester				I □ YES 2	35000	COMPLETION OF CALIFIE OF DEATH?	
A						_		1 [] YES 2 [] NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		-/-/	723.70					
i i	EXAMINER?	HOSPITAL:	1	OTHER:	ACE OF DEATH (Ch		Major		
ž	27. MANNER OF DEATH	1 Dispatient 2 ER/Outp	26b. TIM	E OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW IN			
BY P	TPS Natural 5 Pending 2 Accident Investigation	(Moreh, Day, Year)	/	Control of the Contro	FIRT 2 NO	I MISSESSE COMPONICA			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (\$000)	At home, term, i	street, factory, affic		28f, LOCATION (Street as City or Town, State)	nd Number or Rura	Florite Number	
	4 Homicide determined		(***			ting or rown, sealing			
COMPLET	(Check only one)	MAN: To the best of my know	edge, deeth occum	ed at the time, date	and place, and the	to the cause(s) and many	ner as stated.		
ģ	2 MEDICAL EXAMINER	t: On the basis of examination	and tringation	m, in my opinion, d	eath occured at the	time, date and place, and	due to the couns	(x) and manner as stated.	
BE (	296. SIGNATURE AND TITLE OF CERTIFIER				29c. MCENSE NUM	504	29d. DATE SIGNS	(D) (Morph, Day, Year)	
P P	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED CT	THE OTHER DESIGNATION OF THE PERSON OF THE P		111		1 7	2/42	
	Dr. Eddie Nakhud				011202	3 01004	-/		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA		sy Ka. T	owson, M	a. 21204			
	FEB 16 1993	I wardson-	fandelle						

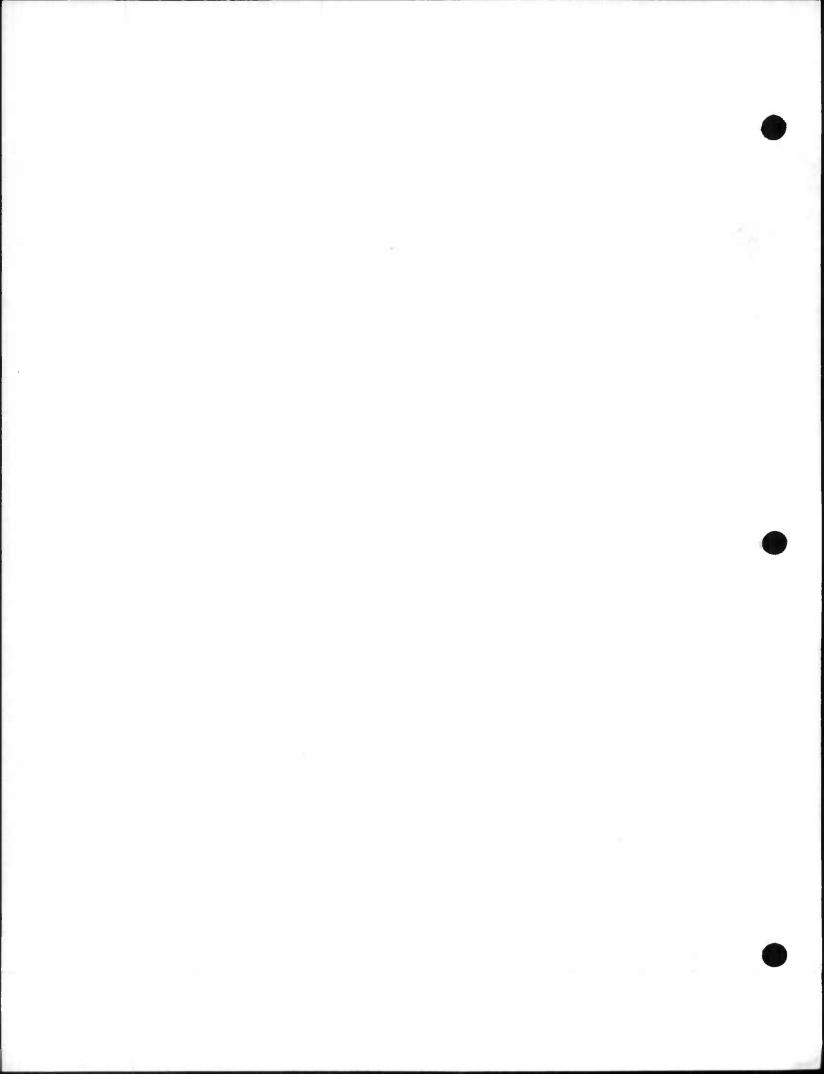


1		-	STATE REGISTR	A
Г	1.	n	ECEDENT'S	N

	1 - STATE REGISTRAR	STATE OF M					DEAT		MENIA	REG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·								OF DEATH			3. TIME OF DEATH	_
	ROZELIA BEA	ATRICE	EDWARDS	3					MONT 2-	2-93	N.	YEAR	9A M	M
	4. SOCIAL SECURITY NUMBER		B. AGE (in yrs. les	t birthday)		1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	٦
	217 30 2747	1 🗆 M 2 🖵 F	60	YRS.	MONTHS	DAYS	HOURS MH. (Month, Day, Year) 2 / 18 / 193						ginia	
. 3	9a. FACILITY NAME (If not institution, give stre	eet end number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COL	INTY OF DE	EATH	٦
O	5 Colgate Court			Catonsville						Bal	to Co			
្ត្រ	RESIDENCE OF DECEDENT  104. STATE  10b. COUNTY			100 017										Ξ
DIRECTOR		ington Co		100.01	10c. CITY, TOWN OR LOCATION					u			10d. INSIDE CITY LIMITS?	
	New Jersey Burl:	Willingboro					100 CITIZEN (				1 YES 2 NO	4		
FUNERAL	OOG Ambamlan													
Ž	906 Arborley (	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify )					17 (Specify Yes	or No.	US.	— American Indian,	-		
	1 Never Married 2 Married	FORCES? 1 [		Ю		If yes, spi	elfy Cube	n, Mexica	n, Puerto	Rican, etc.)	- 110	Black	, White, etc.	
ВУ	3 Widowed 4 Divorced			10			110	Opacity				Speun	Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a, DE	CEDENT'S	USUAL O	CCUPATIO	N st of workin	a	168	. KIND OF BUS	INESS/IN	DUSTRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)			e retired.)				E	ducation	on/C	ui dar	920	
M	12 +	8	100	aciic.	1,00	ansc.						us.uui.		
႘	17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden	Sumame)			
BE	40- 10/20/444770 14445 (7 - 0 / 4	·						_		arris				_
2	19a. INFORMANT'S NAME (Type/Print)	Dane								ber, City or Town				
	Willarda Edwards 20e. METHOD OF DISPOSITION	Daug	1				-	Cato		lle,MI				_
- 1	1 Burlal 2 Cremation 3 Remove	ral from State	cemetery, cres				me of		DAT	E 20c. LO	CATION -	City or To	wn, State	
- 1	31 SIGNATURE OF FUNITRAL SERVICE LICE	NSEE Ponal	d Wade,	Dir	22	NAME AN	D ADDRES	S OF FA	CILITY	State	Anat	-omi	Poard	H
	100	//ondi	a wade,	DJ.I						State St, Ba		-		9
4	411m1/10	Mus											1201	
	24. PART i. Enter the diseases, pr co shock, or heart fallure. L	ist only one caus	on each ilne							diac or respi	ratory as	reat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition	(	ANCI	est	ci	CA	mc						Onset and Death	
	resulting in death) a.	DUE TO/C	R AS A CONSEC										MUKNOWN	_
_	<u> </u>	<b>y</b> .											j	
ᅙ	Sequentially list conditions,  If any, leading to immediate	DUE TO (C	R AS A CONSEC	UENCE O	F):									$\exists$
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury													
E	that initiated events	DUE TO (C	R AS A CONSEC	UENCE O	F):									٦
ER	resulting in death) LAST													
	PART II. Other aignificent conditions	contributing to d	eath but not n	esuiting	In the u	nderlying	ceuse o	iven in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	$\dashv$
SAL								CIE-MI		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	1
PHYSICIAN: MED										1 TYES 2	□ NO		OF DEATH?	1
≥	14								- 1				1 YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ock only or	10)				$\exists$
Sic		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: sing Hom	5 X80	sidence	6 🗆 Othe	r (Specify)				1
<u> </u>	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day	LJURY	28b. TIM	E OF JURY	28c. INJ	JRY AT			CRIBE HOW I	JURY OC	CURED		┨
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	rout/	Inc	M	1 🗌 Y	ES 2	] NO						١
	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At hor	me, farm,	street, fac	tory, office			28f. LOC	ATION (Street e	nd Numbe	r or Rural R	oute Number,	1
	4 Homicide determined								Ony	or lown, orally				
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICI	AN: To the best of m	y knowledge, de	eth occurr	ed at the t	lma, date	end place,	end due	to the car	rse(e) end man	ner as sta	rted.		٦
8	one) 2 MEDICAL EXAMINER												and manner ee stated.	1
E	29b. SIGNATURE AND TITLE OF CERTIFIER-	2//	77/	-			29c, LICE	NSE NUM	IBER		29d. DAT	TE SIGNED	(Month, Day, Year)	$\dashv$
m		11						334				2/4	193	ļ
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type	Print)		·V		, ,			, , ,	7.0	4
	DR KENNETH WIL	LIAMS 5	16 Nort	h Ro	llir	ig Ro	ad #	208,	Cat	onsvil	le,	MD 2	1228	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE					- ,						٦
	FEB 12 1993	Mi Dendem	- Rudally											1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trained mind in the Nate this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Hem 28 is merked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be netified et once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



Pages 1, 2, 3 should

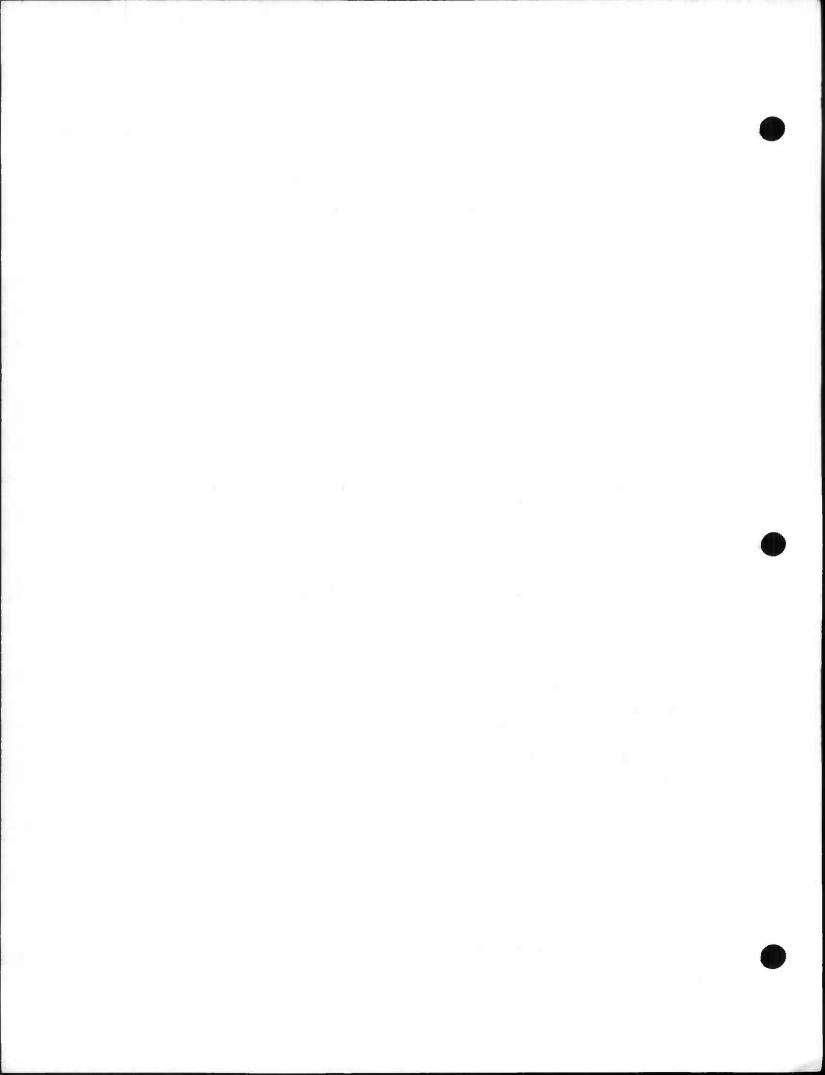
should be detached for use as the burial-transit permit.

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W. The law copions at the	ficate has been significate by the	State Dept. of Nealth and M	them 23 shows amy inju
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3 PHYSICIAN: The law requiry, at the	r this certificate has been significy up	th with the State Dept. of Negath and M	arked, or Item 23 shows any inju
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ATTENDING PHYSICIAN. The law requirement at the	CTOR: After this certificate has been sign by the	s after death with the State Dept. of Yearth and M	28 is marked, or item 23 shows any inju
IR ATTENDING PHYSICIAN: The law requirement of	IRECTOR: After this certificate has been sign by the	ours after death with the State Dept. of Yearth and M	em 28 is marked, or item 23 shows amy inju
L OR ATTENDING PHYSICIAN: The law requirement of	. DIRECTOR: After this certificate has been sign by the	hours after death with the State Dept. of Yearth and M	item 28 is marked, or item 23 shows any inju
TAL OR ATTENDING PHYSICIAN. The law regulary at the	VAL DIRECTOR: After this certificate has been sign by the	72 hours after death with the State Dept. of Yearth and M	If item 28 is marked, or item 23 shows any inju
SPITAL OR ATTENDING PHYSICIAN The law regulary at the	IERAL DIRECTOR: After this certificate has been signified by the	in 72 hours after death with the State Dept. of Yearth and M	IT: If item 28 is marked, or item 23 shows any inju
HOSPITAL OR ATTENDING PHYSICIAN. The law reputy at the	UNERAL DIRECTOR: After this certificate has been signified by the	vithin 72 hours after death with the State Dept. of Yearth and M	ANT: If item 28 is marked, or item 23 shows any inju
E HOSPITAL OR ATTENDING PHYSICIAN The law reputy at the	E FUNERAL DIRECTOR: After this certificate has been signified up	d within 72 hours after death with the State Dept. or Yearth and M	RTANT: If item 28 is marked, or item 23 shows any inju
THE HOSPITAL OR ATTENDING PHYSICIAN The law regions at the	THE FUNERAL DIRECTOR: After this certificate has been significant	filed within 72 hours after death with the State Dept. of Yearth and M	PORTANT: If item 28 is marked, or item 23 shows amy inju
TO THE HOSPITAL OR ATTENDING PRINSICIAN The law instance at the confidence be executed within 24 hours after death. Page 6 may be re	O THE FUNERAL DIRECTOR: After this certificate has been signifing the	he filed within 72 hours after death with the State Dept. of Yearth and M	MPORTANT: If item 28 is marked, or item 23 shows amy inju

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 240 ENNIS NATHAN 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER t YEAR 8. BIRTHPLACE (State or Foreign 08 06 50 MARYLAND ₩XM2□F 42 YRS. 214-56-3169 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 809 WELLINGTON STREET 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\( \) YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 1971-74 WHITE COMPLETED 15. DECEDENT'S EDUCATION t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) Coffege (1-4 or 5+) 12TH SCM CHEMICALS MECHANIC 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) SANFORD F. ENNIS notified at HAZEL WILLIAMS BE t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DARLENE ENNIS 809 WELLINGTON STREET, BALTIMORE, MD. 21211 å 20a. METHOD OF DISPOSITION
2 Burlet 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must CEDAR HILL CEMETERY 2/15/93 BROOKLYN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME lei Wan 3818 ROLAND AVENUE, BALTO., MD. 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, oue to con as a consequence of: luer with surgically Imumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury untreatable intrahelpatic hemorrhage other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 In un. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any lung Cancer 1 YES 2 NO OF DEATH? metastatic anaplastic Caranoma throughout 1 TES 2 NO abdomen. PHYSICIAN: NIA 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hell EXAMINER? HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: t TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) ä 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT NA 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation NA NA M 1 YES 1 2 NO NIA BY 281. LOCATION (Street and Number or Pural Route Number City or Town, State) 201 E. William P. P. W. 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 6 Could not be N 4 Homicide 29e. CERTIFIER

(Chack not)

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) arbara Such, MD 2/11/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 201 E. University PKWY Bultimere MD 21218 Union memorial HOSPITAL 82. REGISTRAN'S SIGNATURE



f. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-002

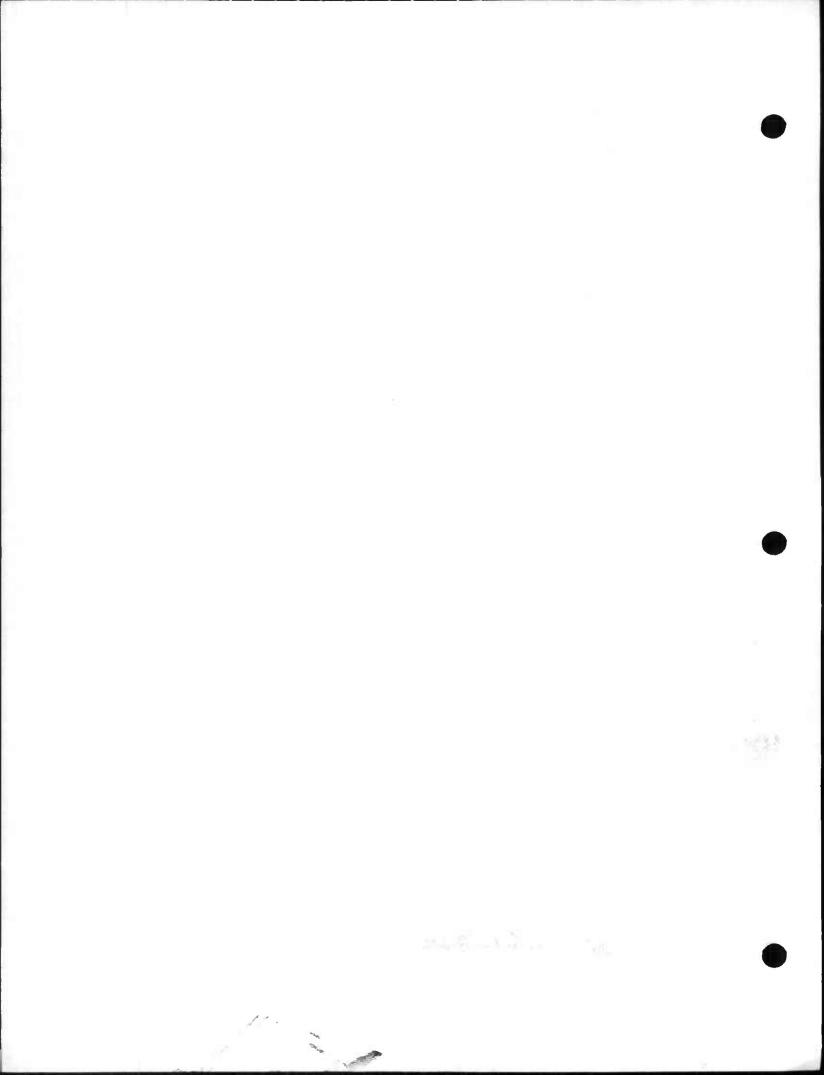
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT O	F HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH		
	Edgar	Allan 1	Melvin	Fl.	aggs		02 1	5 199	EAR		
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest		IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign		
	218-28-7356	1 💢 M 2 🗆 F	60	YRS.	MONTHS D	AYS HOURS MIN.	02/16/193	32	Country) MARYLAND		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY OF DEATH			
OR	6713 Townbro	ok Drive		i	MOC	dlawn		Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT										
BE					, TOWN OR L			10d. INSIDE CITY LIMITS?			
									1 TYES 24 XNO		
6713 TOWNBROOK DRIVE APT. E 21207 U.S.A.											
								. А.			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	D D	If ye	a, specify Cuban, Mexic	can, Puerto Rican, atc.)	8 or No— 14.	. RACE — American Indian, Black, White, etc.		
ВҰ	3 Widowed 4 Divorced	FORCES? 1X IF YES, GIVE WAR 1951-1	955		1 🗆	YES 2 X NO Spec	sify:		WHITE		
8	15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUS	TRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Giv	e kind of w Do NOT us	ork done durir retired.)	ng most of working					
P		4	ELE	CTRI	CAL EN	GINEER	WEST	INGHOUS	SE		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Malden	Surname)			
BE (	EDGAR ALLAN FLA	AGGS				MARGAR	ET E. I	LUDWIG			
10	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St	reet and Number or Rura	I Route Number, City or Tow	n, State, Zip Co	ide)		
-	ROSALIND L. FLAGO	SS (SISTER	) 83	64 M	ARY LE	E LANE	LAUREL, MD 2	20723			
	20a. METHOD OF DISPOSITION t ☐ Burlal 2 🏋 Cremation 3 ☐ Ram	ioval from State	20b. PLACE AT						or Town, Stata		
	4 Donation 6 Other (Specify)		METRO	CRE	-			ATONSVI	ILLE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	DENSEE			LEF	OY M & RU	SSELL C WIT	CZKE FU	JNERAL HOME		
	May Must	W-Y AVOS	1		163	O EDMONDS	ON AVE CAT	CONSVII	LLE,MD 21228		
	23 PART I. Enter the diseeses, or shock, or heart fellute.	complications that c	aused the dea	th. Do n	ot enter the	mode of dylng, au	ch as cerdiac or reapi	iratory erreat	, Approximate		
- 1	IMMEDIATE CAUSE (Finel	Crat only one couse	on eech line.	-	)				interval Between Onset end Death		
	disease or condition resulting in deeth)	· dru	Ske	10-	he	lako	_				
		DUE TO (O	R AS A CONSECU	JENCE OF	):	9101					
2	Sequentially list conditions,	b									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OI	R AS A CONSECU	JENCE OF	):						
FIC	CAUSE (Disease or injury	c. OUF TO (O	R AS A CONSECU	IENCE OF	۸.						
Ē	that initiated events resulting in deeth) LAST	332.10 (3.		JENGE OF	,.						
S		d									
CAL	PART M. Other significant condition	e contributing to de	eth but not he	suiting in	the under	iying ceuse given i	Pert i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
20	The aignificant condition	Lhon	- Car	010	Vasc	mlas X	Stage Dres 2	NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME									1 NO PES 2 NO		
ä											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF DEATH (C	heck only one)				
YSI	1XX ES 2 □ NO	1 - Inpetient 2 - E			OTHER: 4 - Nursing	Home 5 Presidence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF IN. (Month, Day,	JURY Year)	26b. TIME INJL	IRY	:. INJURY AT WORK?	28d. DESCRIBE HOW I				
BY	2 Accident Investigation		1993		UL	YES 2 NO	Victimed				
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF II building, etc	NJURY — At hom (Specify)	e, farm, st	reet, tectory,	office	261. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,		
<u> </u>	A4. 05050000			Iome					ook Drive		
AP.							e to the cause(e) and mer				
Solution of the determined building, etc. (Specify)  Home  29a. CERTIFFIER (Check only one)  20m. CERTIFFIER									suse(a) and manner on stated.		
296. SIGNATUJE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)											
, E								29d. DATE SI	GNEO (Month, Day, Year)		
BE	296. SHONATURE AND TITLE OF CENTIFIE	me				O . C .			GNEO (Month, Day, Year)		
TO BE C	296. SHONATURE AND TITLE OF CENTIFIE					0.C.	М.Е.	▶ 02	/15/1993		
BE	296. SIGNATURE AND TITLE OF CENTIFIE  30. NAME AND ADDRESS OF PERSON WITH	ID COMPUTED CAUSE	111			0.C.		▶ 02	/15/1993		
BE	296. SHONATURE AND TITLE OF CENTIFIE	me	111			0.C.	М.Е.	▶ 02	/15/1993		

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT CERTIFICATION			MENTA	L HYGIENE REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)	Erma M. Fa	ų			MONT	OF DEATH DAY 4 - / 993	YEAR	3. TIME OF DEATH			
pin		4. SOCIAL SECURITY NUMBER 2/7-09-6622	1 □ M 2 🗗 7	9 YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH h, Day, Year) / - / 9 / 4	Man	ryland			
1, 2, 3 should	CTOR	HESIDENCE OF DECEDENT	dere Ave.			EMORE	EATH	9c, CO	UNTY OF D	<u> </u>			
permit. Pages	DIRE	10a. STATE  10d. STATE  10d. STREET AND NUMBER											
ian. -transit	FUNERA		12. WAS DECEDENT EVER IN	U.S. ARMED 1		21239	NIC OBIGIN		.S.A				
215-0020 attending physician se as the burial-tra	D BY FI	1 Never Married 2 Married  \$\times \times \t	FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexico 2 M NO Speci	an, Puerto	Rican, etc.)	Speci	k, White, etc.			
21 20 m	ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work doi life. Do NOT use retired # OUAE	ne during mos f.)	at of working	166	KIND OF BUSINESS/IN	DUSTRY				
YLA by the be der	E COMPL	17. FATHER'S NAME (First, Middle, Leat) Herbert PLann	ensteil	710420	W C C	16. MOTHER'S NA		Middle, Maiden Surname)  erger					
E, MAR y be retained bage 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) Mr. George E.				nd Number or Rural	Route Num	ber, City or Town, State, Z Balto.,		21220			
e 6 ma rector, p		20e. METHOD OF DISPOSITION  DC_Surial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ceme	PLACE AND DATE OF DISP etery, cremetory or other place OUDON Par	and a		DAT 2/						
SAL r death ne fune al.		22. NAME AND ADDRESS OF FACILITY  # artley Miller Funeral #0me  7527 # arford Rd. Balto. Md. 21234  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest.  Approximate											
24 hours filled in ion, or re		23. PAHT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition											
executed within and completely o burial, cremat matic event, it	z	disease or condition resulting in death)  ARTERIOS LLEROTIC CARROLOVAS CULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):											
or be	ICATIO	OUE TO AD A CAMPAGE TO											
D.S., P.O. BY the death certificate the attending physic Mental Hygiene pr njury, or other t	CERTIFI	that initiated events resulting in death) LAST  d.											
IECORDS,  equires that the dea  in signed by the att  if Health and Merita  hows any Injury,	MEDICAL	PART II. Other significant condition	CTIVE PUMO	MARY DISEA	ME.		Part i.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
pquire on Sig of He 23 shows	AN: ME	HYPERTONSWH	ABOUMINAL	BORNE A			_ ]			1 TYES 2 NO			
or Item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa	Rient 3 DOA 4 N	ER:	S Residence		-/					
DING PHYSI After this of death with s marked,	ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJL WOI 1   Y	JRY AT RK? ES 2 NO	28d. DES	CRIBE HOW INJURY O	CURED				
TTENDI TTOR: A after d	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, street, fi	actory, office			ATION (Street and Number or Town, State)	or Rural R	loute Number,			
독절전투	COMPL		CIAN: To the best of my knowle							) and manner as stated.			
THE HOSPI THE FUNEF filed within	BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI		1		(Month, Day, Year)			
6 5 3 <b>X</b>	5	30. NAME AND ADDRESS OF PERSON WH					1484			15 93			
4		FEB 1 6 1993	STREDISTRAR STENA	ON E. EAGI	Tr . Z,	r. BA	TIMO	RE MARYA	205	1202			
		1 LP 10 1992 9	and and distances of the same										



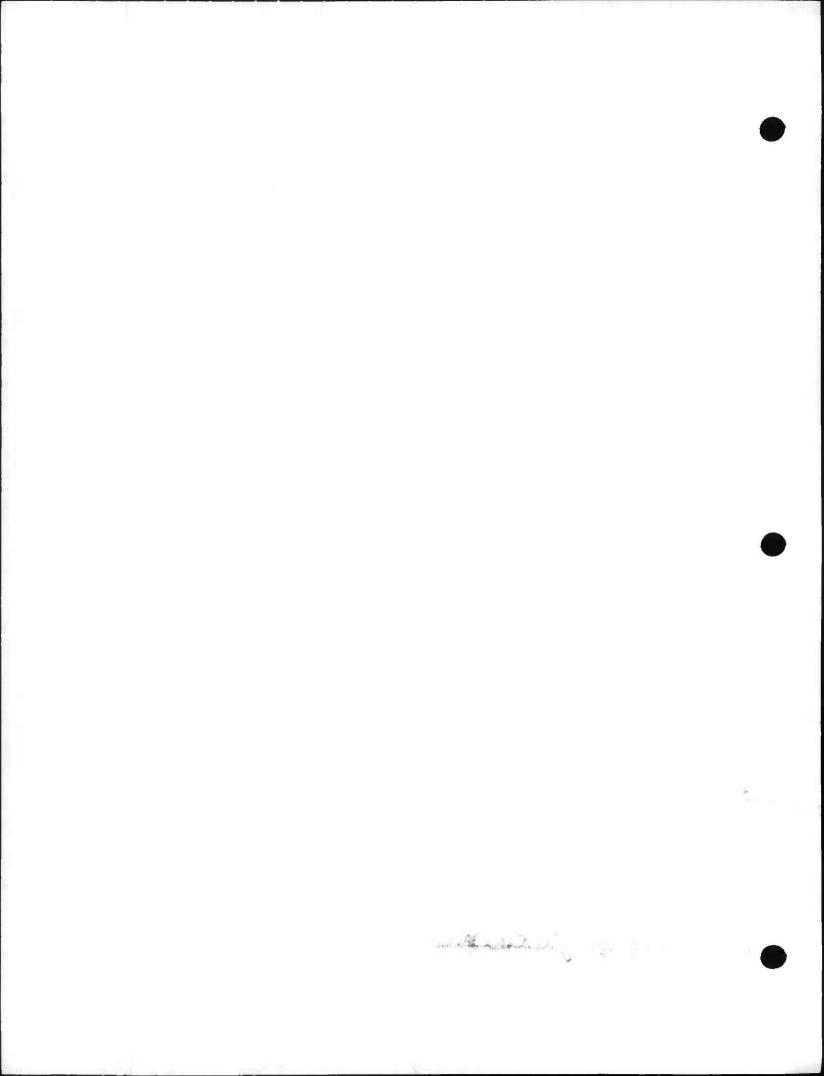
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DIVISION OF VITAL RECORDS. P.O. BO)	artegle he
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that a

cate be executed within 24 hours after death. Page 6 may be retained by the hospital	in by the funeral director, page 5 should be detached for	
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	E FUNERAL DIRECTOR: After this certificate has been signed	d within 72 hours after death with the State Dept. of Health and

		FOR 1 - STATE REGISTRAR	STATE OF MARYL					EALTH AND DEATH	MENTA	L HYGIEI			00027
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATN	DAY	YEAR	3. TIME OF DEATN
		GLADYS MA  4. SOCIAL SECURITY NUMBER	ARY	FRECKLETON  8. AGE (In yrs. last birthday)   FUNDER 1 YEAR   FUNDER 24 HRS.					02	13		93	D8:15 AM м
		546-30-5883			YRS.	IF UNDER	1 YEAR DAYB	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTN th, Day, Year)		6. BIRTI	NPLACE (State or Foreign ry)
	į	98. FACILITY NAME (If not Institution, give street end number)  98. CITY, TOWN OR LOCATION OF DEATH  99. COUNTY OF DEATH											
	HOI2	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY											
	i i	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										10d. INSIDE CITY	
	THARILAND ANNE ARUNDEL LINTHICUM									LIMITS? 1 YES 2 NO			
1 1	EHAL	100. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  21090  U.S.A.											
	20	11. MARITAL STATUS	12. WAS DECEDENT EVER					ENDENT OF HISPA			s or No—	14. RAC	E — American Indian,
	10	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		10			2 NO Speci		Rican, etc.)		Blac	k, White, etc.
10	3	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N	161	. KIND OF BL	ISINESS/INT	HISTRY	
	ī	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ive kind of w Do NOT us	ork done o netired.)	during mo	it of working					
9 3	03		NONE	Н	OMEM	AKER				OWN	HOME		
7	u II	17. FATHER'S NAME (First, Middle, Lest) CHRISTMAS	EDWARDS					ELIZA		WILLI			
notified		190. INFORMANT'S NAME (Type/Print)  JOY E. FI	ELDS		_			nd Number or Rural				-	
pe		20a. METHOD OF DISPOSITION			507 (		_	D ROAD,	1				
must		9 ☐ Buriel 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 6 ☐ Other (Specify)	oval from State cen	netery, crei	matory or oth	her place!	ITION (Na	(Name of 2/15 BROOKLYN, MARYLAND					
iner		21. SIGNATURE OF FUNERAL SERVICE LIC				_	NAME AN	D ADDRESS OF FA		13.1.			
ехаш		& Samela	( Days	17				TON FUNI			מוס וא	NTE	MD 21061
other traumatic event, the medical examiner		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reepiretory arreat, ehock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximata interval Between Onset and Death  July 1  Due to (or as a consequence of):											
B 0	FULLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
Injury,	- 1	PART II. Other algnificent condition	a contributing to deeth b	ut not n	eaulting is	the un	deriying	ceuee given in	Pert I.	24a. WAS AF	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
à S	5	Gastro int	estinal B	ced	inf	_				PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Shows					-1								1 TYES 2 NO
23 A		25. WAS CASE REFERRED TO MEDICAL	/					12.00					
item 23		EXAMINER?	HOSPITAL:	adlant 3		OTHER	1:	ACE OF DEATH (Ch					
ed, or item		27. MANNEY OF DEATH	28e. DATE OF INJURY	antient 3	26b. TIME	OF	28c. INJU		_	CRIBE NOW	INJURY OC	CURED	
marked,	_	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)		INJU	M	1 🗌 Y	RK? ES 2 NO	.11111111111111111111111111111111111111				
.00		3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At hor	me, lerm, at	reet, lacto	ery, office		28I. LOC City	ATION (Street or Town, State	end Number	or Rural F	loute Number,
		200 CERTIFIED											
ANT: If It		(Check only	CIAN: To the best of my know R: On the besis of examination										) and manner on state d
		2Hb. SIGNATURE AND PITCH OF CERTIFIER				, 51	T	29c. LICENSE NUI		3 piace, 01			(Month, Day, Year)
APON C		1	W		S			D204	1				3-93
₹ 2		MAHESH S. OCHANEY	COMPLETED CAUSE OF DE. M.D. / 7575	RITO	CHIE	Print) HIGH	WAY,		- 1	RINE.	MD 21	1061	
31. DAT FINED (Month, Day, Year)  2 REGISTRAP'S SIGNATURE  1 6 1993   THE DESTRUCTION OF THE PROPERTY OF THE P						<u> </u>							

	1.2.3 should		
	permit. Pages 1, 2, 3		
after death. Page 6 may be retained by the hospital or attending physician.	Ftransit		
bospital of	stached for		900
tained by the	should be de		ilflad at n
may be re	tor, page 5		ust he an
Page 6	ral direct		iner m
er death	the fune	Val.	l axam
Ithin 24 hours after	d in by	or remo	medica
IIU 24 D	ely filled	nation, i	the
ted with	complet	ial, cren	event
execu	n and	to bur	umatic
ficate be	physicia	ne prior	er tra
ith certi	tending	al Hygie	or off
the dea	y the at	d Menta	Injury.
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MG PM	3	eath wil	È
ALLEND	CTOR: A	after 6	28 1€
AL OR	L DIRE	2 hours	f Item
HOSPIT	O THE FUNERAL DIRECTOR: AND	within 7	(PORTANT: If Item 28 is
O THE	D THE	be filed within 72 hours after (	MPOR
		_	Ī

	FOR 1 - STATE REGISTRAR		STATE OF I		) / DEPAR CERTIF					MENTAL HYGIE REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES E. FIELDS					<b>ELD</b> る				2. DATE OF DEATH MONTH DAY YE			3. TIME OF DEATH  4 05 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 22707-8587 1 [X M 2			6. AGE (In yrs. 79	lest birthday) YRS.	IF UNDER	DAYS	YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year) 7/7/1913		BHRTHPLACE (State or Foreign Country)     VIRGINIA	
_0	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF D	DEATH
DIRECTOR	LIBERTY ME	D CENT	ER			BAL	TIMO	ORE			CI	TY	1
H.	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
	MARYLAND				I	BALTI	MORI	Ξ					1 YES 2 NO
FUNERAL	1024 COOK	LANE					101	2122				JSA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S.	ARMED  13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican, 1 YES 2 X NO Specify:				NIC ORIGIN? (Specify Yes or No— 14. R. B. B.			E — American Indian, k, White, etc.	
윤		EDENT'S EDU		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON model		16b, KIND OF B	JSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5		(Give kind of Me. Do NOT u								
	17. FATHER'S NAME (First, M JOHN HEN		ELDS							ME (First, Middle, Maide E RANDALI		LDS	
BE	19a. INFORMANT'S NAME (7				19b. MAJLING	ADDRES	S (Street s	and Numbe	r or Rural F	Toute Number, City or To	wn, State, Zij	p Code)	
욘	CHARLOTTE		E		1024	COOK	LA	NE, I		MORE, MAI	, MARYLAND 21229		
- 5	20a. METHOD OF DISPOSITION  1 D Burlai 2 Cremation 3 Hambard from State  4 D Donation 5 Other (Specify) ARBUTUS MEM. PARK  20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other (place) PARK  2/13/1993 ARBUTUS, MD.								D .				
	21. SIGNATURE OF TOMERIA	L SERVICE U	M. C	Tele		I	ESTE	P BRO		RS FUNERAL			
	23. PART I. Enter the shock, or immediate CAUSE (Fir disease or condition resulting in death)	nal	a. A 5 P	(OR AS A CON	SEQUENCE O	not enter	the mo	n b $\wedge$	Ing, suct	with 3	EPる	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. CEREIBRO - VASCULAR ACCIDENT  DUE TO (OR AS A CONSEQUENCE OF):  ARTERIOSCUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
. I	PART II. Other algnifica	nt condition	a contributing to	death but no	ot resulting	in the ur	nderlyln	g ceuse	given in i			24b	. WERE AUTOPSY FINDINGS
20	_ D13	euB.	ENTIA	UZCE	R					1 _ YES	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL		DEMI	ENTIA							_			1 TES 2 NO
AN	25. WAS CASE REFERRED TO	D MEDICAL					26 PI	ACE OF D	EATH /Cha	ick only one)			
SIC	EXAMINER?  1 YES 2 NG		HOSPITAL:	FR/Outpatient	3 □ 004	OTHER	Rt:						
¥	27. MANNER OF DEATH		28s. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	sidence	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OC	CUREO	
ВУР		Pending Investigation	(Month, D	Jay, Year)	IN.	M		RK? YES 2	□ NO				
	3 Suicide 6	Could not be determined	26a. PLACE Obuilding,	OF INJURY — AI atc. (Specify)	home, farm,	street, fact	lory, offic	•		281. LOCATION (Street City or Town, State		r or Rural I	Route Number,
COMPLETED										to the cause(s) and m			s) and manner as stated.
BE CO					4								111
6	TO NAME AND ADDRESS OF	nemana.	10/	4/10	22	M	51	D	23	300		2.	10,93
	SUDJ-CI.	R . D	PATE	SE OF DEATH (I	26 0	Print) 0	16.	us	MR	edical	CEME	Int	2/2/5
	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER 296. LI												



BALTIMORE, MARYLAND 21215-0020

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf nermit. Panes 1.2.3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 03529 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Α. GAVIN 02 9:28 AM 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAVE 026-01-2634 1 NM 2 | F 09 26 MASSACHUSETTS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE . A COUNTY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL HANOVER 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 915 HILLCREST ROAD 21076 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 NO ВУ 1 YES ZONO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) ENGINEER MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JOHN J. GAVIN BE MELINA ARSENAULT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARGARET A. GAVIN 915 HILLCREST ROAD-HANOVER, MD. 21076 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE METRO CREMATORY, INC. 4 Donation 5 Other 32 2/15 CATONSVILLE, MD. 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSCOUR MEDICAL CERTIFICATION Sequentially list conditions, DUE TO JOH AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR A CAUSE (Disease or Injury A DONSEOUENCE DE that initiated events resulting in death) LAST PART II. Other significant conditions coetsibuting to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 XNO I YES 2 NO BY PHYSICIAN: N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSFITAL: OTHER: TO YES 2 X NO lent 2 C FB/Outnetlant 3 C DOS se S 🗆 Residence 8 🗆 Other (Specify) 27, MANNEW OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 1 [P] Natural T VES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number Olly as Town: State) 3 Suicide COMPLETED 6 Could not be 4 | Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/o reatigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PENINSULA

Davidon The Tone

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

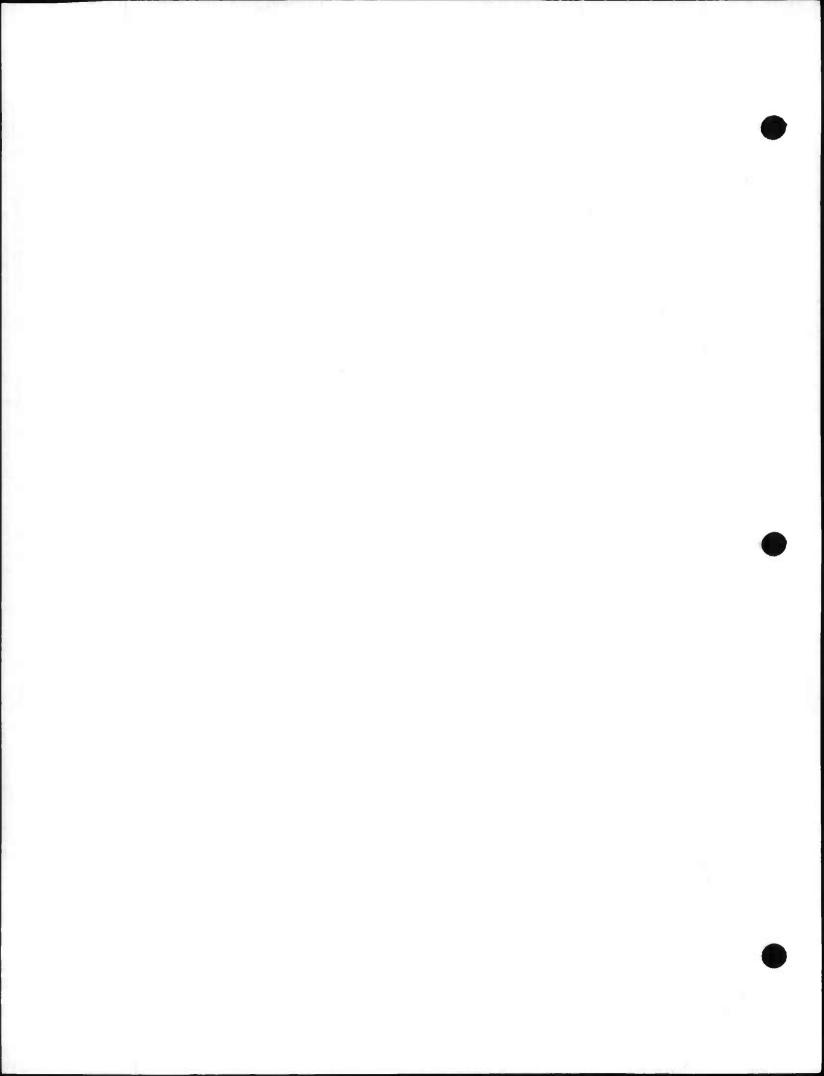
2/12/93

9528

FARM ROAD/ARNOLD, MARYLAND 21012

DINISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OF MELBING PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL UNICOUR Amy this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY		RIMENT OF H		MENTAL HYGIL REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) Thomas	G. Gordon	2			2. DATE OF DEATH		year 7:40 am M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign				
1 9	705 03 4400	1 KM 2 □ F	78 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give	ΔΔ	10	9b. CITY, TOWN	OR LOCATION OF D	10 05		Maryland TY OF DEATH		
DIRECTOR	Stella Maris	<del>-</del>		Towso			1.57 (1.11	timore		
l m	10a. STATE 10b. COUNT	ГУ	10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY		
1	Maryland Balt	imore	Lu	thervill	е			LIMITS?		
A L	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
EB.	239 Meadowvale R	d.			21093		Π.	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify		14. RACE — American Indian.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexico 2 NO Speci	nn, Puerto Rican, etc.)		Black, White, etc.  Specify: White		
<u>a</u>	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ist of working					
宣	12 years		Directo:	r of Ind	ust. Dev	elopment	B&O,	C&O RR		
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	ien Sumame)			
BEC	Thomas H. Gordon				Beulah	Goodwin				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or	Town, State, Zio (	Code)		
2	Harriet Gordon		Same	as 10e.						
	20a METHOD OF DISPOSITION 1 △ Burial 2 □ Cremation 3 □ Ren	20	b. PLACE AND DATE		ame of	DATE 20c.	LOCATION - C	Ity or Town, State		
1 3	1 △ Burial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)		metery, cremetory or of Moreland		rk	1		le, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME A	ND ADDRESS OF FA	CILITY				
1 3	1/2/201/100 1	Menopau	,			Funeral H				
	23. PART i. Enter the diseases, or	1110						yland 21204		
NO	Approximate Interval Between Onset and Death  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  d.									
MEDICAL	PERFORMED?  1   YES 2   NO							24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		/ /		ACE OF DEATH (C)	eck only one)		-		
Sic	1 YES 2 NO	HOSPITAL:	aphtient 3 🗆 ploa	OTHER:	e 5 🗆 Residence	& Other (Specify)	140	Spice		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Your	/280. TIM		URY AT	26d. DESCRUBE HOW	W INJURY OCCU	MED		
BY F	1 2 Vetural 5 Pending 2 Accident Investigation		/		YES 2 NO			13117.5.4		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUST building, etc. (Sp)	Y - At home, term,	street, factory, offic	•	281. LOCATION (Street, Street,	et and Number o	r Flural Ploute Mumber;		
COMPLETED		IICIAN: To the best of my know						f. cause(s) and manner as stated.		
믦	296. BIGNATURE AND TITLE OF CERTIFIE		1	9.	294. LICENSE NUI D 1550	мвен	29d. DATE	SIGNED (Month, Day, Year)		
임	E. Nakhuda M	D., 2300 F	eath (ITEM 27) (Type Oulanev V	allev Ro				-1+4/33		
	E. Nakhuda M.D., 2300 Dulaney Valley Road, Towson, Md 21204  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  And									



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DIVISION OF VITAL	1

G Physician The requires that the death certificate be executed within 20 hours arms from Page 6 may be retained by the hospital or attending physician.	is completed in the signed by the attending physician and completed in the second of Health and Mental Hygiene prior to burial, creminated the second of Health and Mental Hygiene prior to burial, creminated the second of Health and Mental Hygiene prior to burial, creminated the second of Health and Mental Hygiene prior to burial.	anised, maken 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR; After the be filed within 72 hours after death with	iMPORTANT: If Item 28 is marked, be
	21	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE O	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  Carol A Gulotta		2. DATE OF DEATH MONTH DAY February 01 1993 11:35 A						
	daloud	ADE (In the Little of the						11:35 AM	
		5. SEX 1  M 2 X F	AGE (In yrs. lest birthday)  50 YRS.	IF UNDER 1 YEAR MONTHS DAYS	The state of the s	7. DATE OF BIRTH (Morith, Day, Yea 01-28-4	1)	Countr	PLACE (State or Foreign 1) 1Sylvania
	Se. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWI	OR LOCATION OF D			UNTY OF D	
TOR	Poctors Community	Hospital		Lanhar				ice G	
E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				104 Meine CITY
FUNERAL DIRECTOR	Maryland Princ	e Georges		eenbelt					10d. INSIDE CITY LIMITS?  1) YES 2 NO
AL	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. Cr	TIZEN OF W	MAT COUNTRY?
E	8 Parkway Road				20770			l	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS D	ECENOENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. RACE	American Indian, L. White, etc.
BY	1 KNever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 Y	specify Cuben, Mexica ES 2 NO Specif	y:	,	Specif	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a, DECEDENT'S (Give kind of a life. Do NOT us	work done during	TION most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		maker			N/A		
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	den Sumame)		
BE	Sullivan Gulotta				Mary	C. Pusch			
2	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural			(ip Code)	
	Charles Gulotta				Lane, Pot			1464	
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	al from State	20b. PLACE AND DATE	of disposition Washin	wamed gton Crem	atory L	urel.	- City or To	wn, State / Tand
	21. SIGNATURE OF FUNERAL SERVICE LICE	ADEE /	1)		AND ADDRESS OF FA				
-	1 Jallo	Ellend	6,	Flec	k Funeral	Home, In	nc.		
	23. PART Senter the diseases, or co	molications that o	succes the death. Do r	not enter the r	node of dying, suc	ring Road	spiratory s	rrest,	MD 20707 Approximate
	shock, or heart failtire. Li	at only one chiese	of each line.	A					interval Between Onset and Death
	disease or condition resulting in death)	( ardi	heliconer	luoney Arrast					Sudday
		DUE TO (OI	R AS A CONSEQUENCE O	F):	1				1
NO	Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):							1405	
ATI	if sny, leading to immediate cause. Enter UNDERLYING	Meta	Statar. Co	rii Ractin	mus				V2
임	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEQUENCE OF	F):	0				172
CERTIFICATION	resulting in death) LAST	mea	If care	wowo	, (runa	24			Y75-
	PART II. Other aignificant conditions	contributing to de	ath but not resulting	in the underly	na cause alven in	Bart I as was	AN AUTOPSY	. 100	
EDICAL		9 /1	(monary D	Tare and a	ing cause given in	PER	FORMED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE
	lenkemia	7 00		Cpital		1   YE	3 2 NO NO		OF DEATH?
Σ	- Pan Cytone via						•		1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)			
Sic		NosPITAL:	R/Outpatient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. I	NJURY AT YORK?	28d, DESCRIBE HO	W INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(MONII, Day,	rour) IPIS		YES 2 NO				
	3 Suicide 6 Could not be	26e. PLACE OF II building, etc	NJURY — At home, farm, (Specify)	street, factory, of	lice	281. LOCATION (Str City or Town, S	eet and Numb	er or Runal R	loute Number,
	4 Homicide determined						,		
COMPLETED			knowledge, death occurrent						) and manner as stated,
	29b. BIGNATURE AND TITLE OF CERTIFIER			_	29c. LIÇENSE NU				(Morith, Day, Year)
TO BE	Myyda Nig				1 7-3	2332	•	020	2013
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	11.00	A	1 0	m. A. 1	
	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR;S	SIGNATURE	40	>11ver >p	nur Ive	1	いりゃん	
	01 50 16 1993	- nu viewal	on-hander		·				
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**DHMH-16 Rev 1/89** 

TO THE HOSPITAL OR ATTENDING PHYSICAN TO PROPERTY REquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this curificant har been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Howlene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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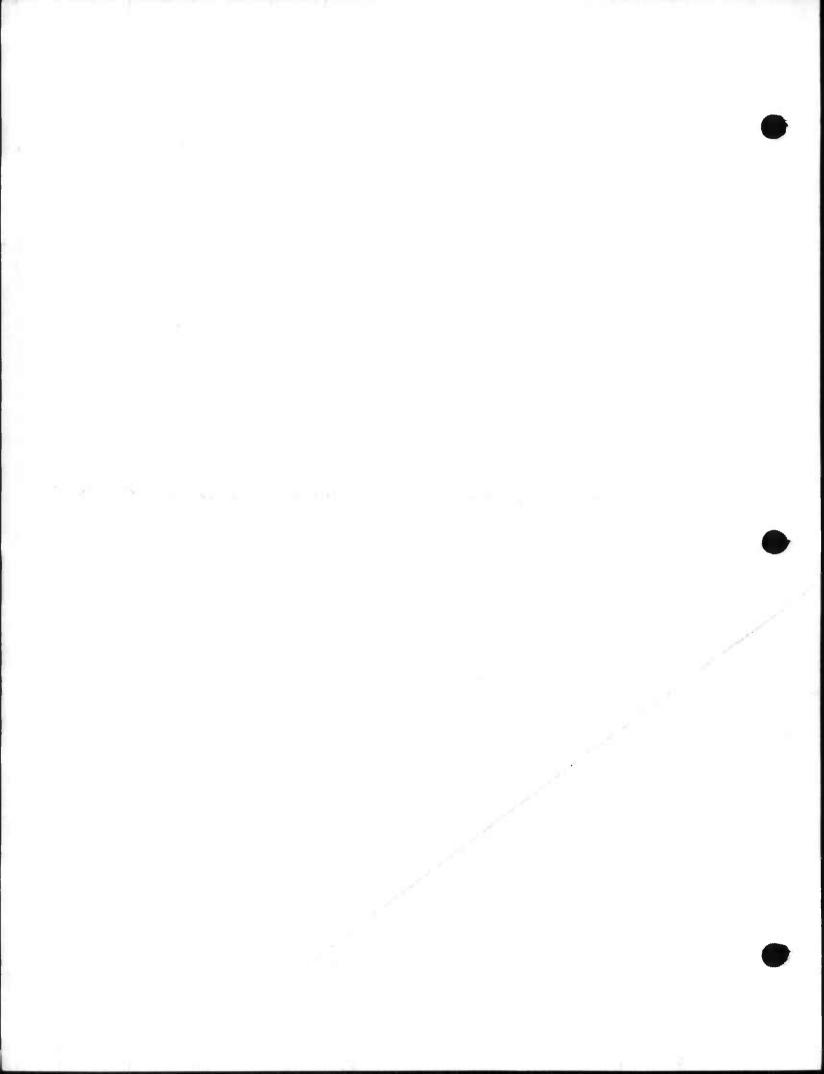
03532 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ALBERT HICKS 3:45P M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreig Country)

	218-01-3504		.00	83	ina.					11-28	-191	0 11	BALTI	MORE, MD.
- 4	9a. FACILITY NAME (If not in	natitution, give a	treet and number)			9b. CIT	Y, TOWN C	R LOCAT	ION OF D	EATH		9c. COUNT	Y OF DEAT	Н
FUNERAL DIRECTOR	LIBERTY M	EDICAL	CENTER			B	ALTI	MORE				BAT.7	TIMOR	E
Ĕ	RESIDENCE OF DEC	CEDENT					111111111	10111				DITE	LITTOIL	
Ä	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					100	d. INSIDE CITY
8	MD.						BAT	TTMO	RE C	TTV			1 . (	LIMITS?
51	10e, STREET AND NUMBER							ZIP COD		TII		The comment		-
¥ I	The street of th						101	. ZIP COL	/E			10g. CITIZE	N OF WHA	T COUNTRY?
9	2027 NORTH	DUKEL	AND STREET					212	16			USA	A.	
5	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AP	MED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (S	Specify Yes	or No- 14	. RACE -	American Indian, hite, etc.
	1 Never Married 2 📉		FORCES? 1 X	OR DATES	WO.				an, Mexica Specif	n, Puerto Rica	n, etc.)		Specify:	Tille, etc.
B	3 Widowed 4 Divo	beore	υ.	S. NAV	Y			20		í i			BLA	CK
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	N N		16b. Kil	ND OF BUS	INESS/INDUS		
<b>5</b>	Elementary/Secondary (I	y highest grade	College (1-4 or 5+)	- (G	ive kind of Do NOT u	work done se retired.)	during mo	st of work	ing					
4	the state of the s	, ,	college (1-4 of 5+)	DO.	CDAT	TIOD	727733			II C	D()	ST OFF	27.012	
S	17. FATHER'S NAME (First, M	liddle Lasti		I PU	STAL	WOR	KEK						LOE	
	II. PRIMER S NAME (PISI, M	nacie, Last)						18. MOT	HER'S NA	LME (First, Midd	lle, Maiden	Sumame)		
BE														
2	19a. INFORMANT'S NAME (1	lype/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Number,	City or Town	n, State, Zip C	ode)	
F	RUTH HICK	S		2	027	NORT	H DU	KELA	ND S	TREET.	BAL	TIMORE	E. MD	. 21216
	20a. METHOD OF DISPOSIT	ION		20b. PLACE						DATE	_	CATION CH		
1	1 ◯X Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, cre	matory or o	ther place	)			DATE				
	21. SIGNATURE OF EMPERA		miner	GARRI	SON							NGS M		
- 1	The second control of the second	-	4			22	NAME AN	D ADDRE	ESS OF FA	CILITY	DI.		1	0
_ 1	1/ leva	M	umope				1. H.	DU	own	JR. 7	74 1	1913 6	W DA	eri. St.
	23. ART I. Enter the d	Iseases, nr.o	complications that o	nurad the de	eth Do									
	shock, or h	eart failure.	List only one cause	on each line	).	iot ente	i the mo	ue or uy	my, suc	ni as careiac	or reap	ratory arres	it,	Approximate interval Between
	IMMEDIATE CAUSE (Fir													Onset and Death
	disease or condition	<b>→</b>	PROS	STATIC	Cf	HRC	INDI	MA						
				AS A CONSE										
z														
CERTIFICATION	Sequentially list conditi if any, leading to imme		DUE TO (OF	AS A CONSE	DUENCE O	F):								
¥ I	cause. Enter UNDERLY													-
프	CAUSE (Disease or Injuthat initiated events	iry	C DUE TO (OF	AS A CONSE	QUENCE O	F):								
E	resulting in death) LAS	T .				,								
点			d											
7	PART II. Other algnifica	int condition	a contributing to de	ath but not r	esuiting	In the u	nderlying	cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24h WE	RE AUTOPSY FINDINGS
5	RE	KAI F	AILURE		-						PERFOR		AM	VILABLE PRIOR TO
ă		14/16	MILLUIVE							1	YES 2	□ NO		MPLETION OF CAUSE DEATH?
2													1[	YES 2 NO
ż													1	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF E	DEATH (Ch	eck only one)			_	
읈	EXAMINER?  1 YES 2 NO		HOSPITAL:	2/Outnotions 2	□ pos	OTHE	R:							
¥ I	27. MANNER OF DEATH		28a. DATE OF IN.			4 LI NU	raing Hom	0 5 ⊔ R	esidence	6 Other (S				
	_/	Pending	(Month, Day,	Year)	200. IN.	IURY	WO	RK?	1100	28d. DEŞCR	BE HOW II	JURY OCCU	RED	
B		Investigation				м		'ES 2 [	_ NO					
		Could not be	28e. PLACE OF IN building, etc.	JURY — At ho . (Specify)	me, tarm,	street, fac	tory, office				ON (Street a	nd Number or	Rural Route	Number,
ËL	4 Homicide	determined								. ,	,			
ון ב	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of my	knowledge de	with occurr	ad at the	time date	and alas		to the series	N 4	a) Earlin		
፮			R: On the basis of exam											
COMPLETED						711, 177 HILY	ориноп, в	PIRTI OCCU	HACE BY THE	time, cate and	place, en	due to the c	cause(s) an	d manner as stated.
BE	296. SIGNATURE AND TITLE	OF GERTIFIER	1. 8	-				29c. LIC	ENSE NUI	MBER		29d. DATE S	IGNED (Mg	onth, Day, Year)
	Curming	VIASI	water	4				1)	420	140		1 2	1141	93
일	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре	Print)		V	1					1/
	CARMINIA		VIDSOHN		BER	4 .	HA	DICE	11	CENTI	R	RA1	TIMU	RE My
H	31. DATE FIDED 4Month, Days		32. REGISTRAR'S			/ [	416	VICE	) (	-C/V/E	7	PIL	1 1 ( V	1
	PH PE PER 3 " (A) " " (A)	1.173	. a per construction of	- Allelat Atlant	-									

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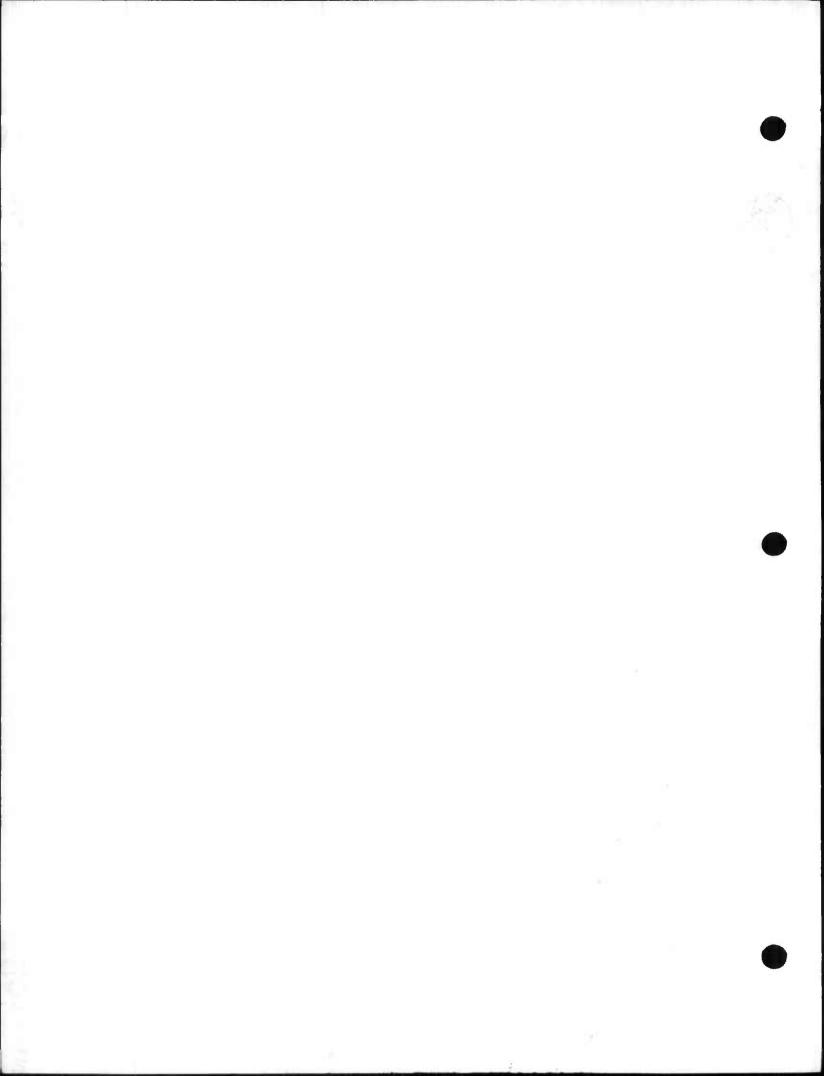
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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pa	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of
F	this
DING	After
ATTEN	<b>IECTOR:</b>
B.	DIA
-	_

F	3	,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z+ nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit.	be med within 72 hours after death with the state beht, or neath and hential hypere prior to burket, chematon, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

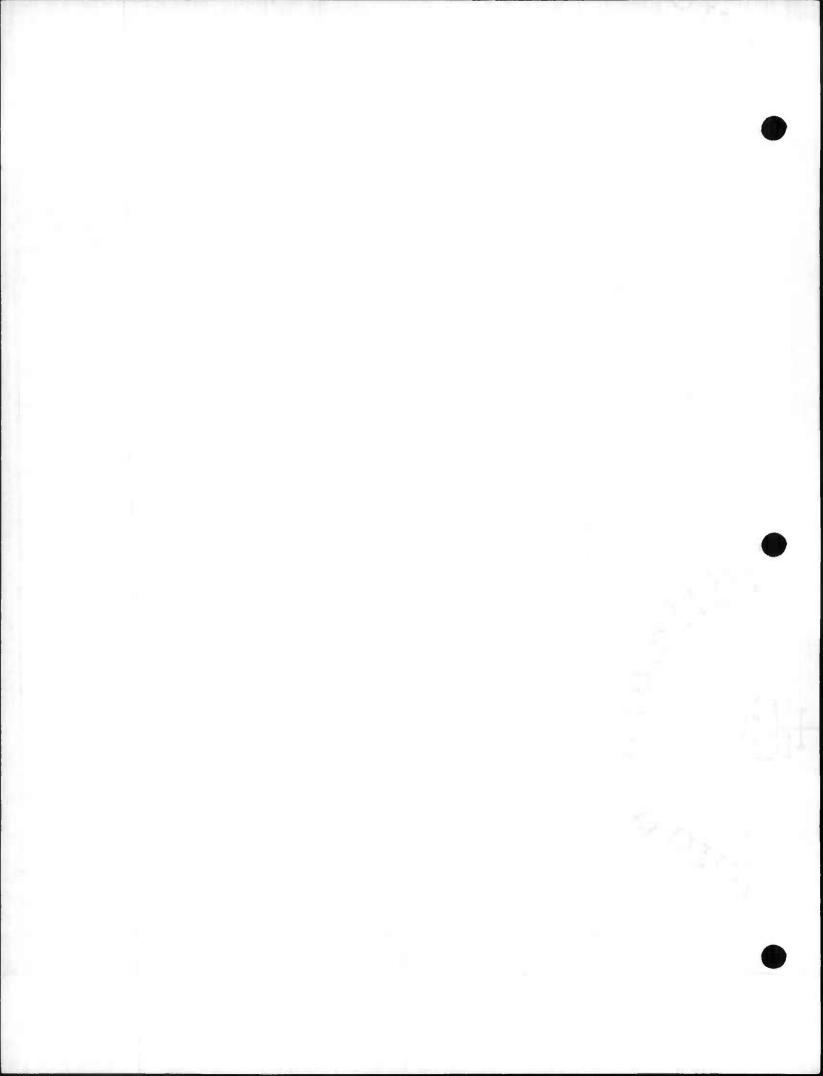
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	orge HOGE		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH 5'37 A M
9	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 9-14-12	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN OR LOCATION OF DE		NTY OF DEATH
DIRECTOR	Holy Cross Hospi	tal	Silver Spring	Mont	gomery County
REC	10e. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Monto	gomery County S	Silver Spring		1 TYES 2 NO
ERA	8505 Springvale S	Street	10f. ZIP CODE 209	910	IZEN OF WHAT COUNTRY?
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		rk done during most of working	18b. KIND OF BUSINESS/INC	DUSTRY
ш	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street end Number or Rural F	Route Number, City or Town, State, Zig.	p Code)
	20e. METHOD OF DISPOSITION 1	Cometery, cromatory or othe		DATE 20c. LOCATION —	City or Town, State
	21. SIGNATURE OF FONERAL BERVICE LICES		22. NAME AND ADDRESS OF FA	State Anator	my Board
4	Stmine / //	We 2/9/93	655W.Baltimore	e St,Balto,MD2	1201
	IMMEDIATE CAUSE (Final	mplications that caused the death. Do not st only one cause on each line.  DUE TO JOH AS A CONSEQUENCE OF:		h as cerdiac or reepiratory an	Approximate interval Between Onset and Death
ĺ	trouting in accounty				months
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Metastatic Lundous TO (OR AS A CONSEQUENCE OF):			WOVAN 2
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
AL C		contributing to death but not resulting in	the underlying cause given in		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Clusterdium	lifficile colitis		PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOOP TALL	26. PLACE OF DEATH (Che	eck only one)	
IYSI		Impatient 2 ER/Outpatient 3 DOA 4	OTHER:  Nursing Home 5 Residence		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUSTY (Month, Day, Year) 28b. TIME (INJUST)	M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OC	CURED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, stre- building, stc. (Specify)	net, factory, office	28f. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,
COMPLETED		AN: To the best of my knowledge, death occurred On the beele of examination and/or investigation,			
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	mo mo	0 3.5 16	200	E SIGNED (Month, Day, Year)
2	WICHAEL SCH	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.) INDLER NO 1106	spring street s	silver Spring, mo	20010
	FEB 12 1993	32. REGISTRAN'S SIGNATURE			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

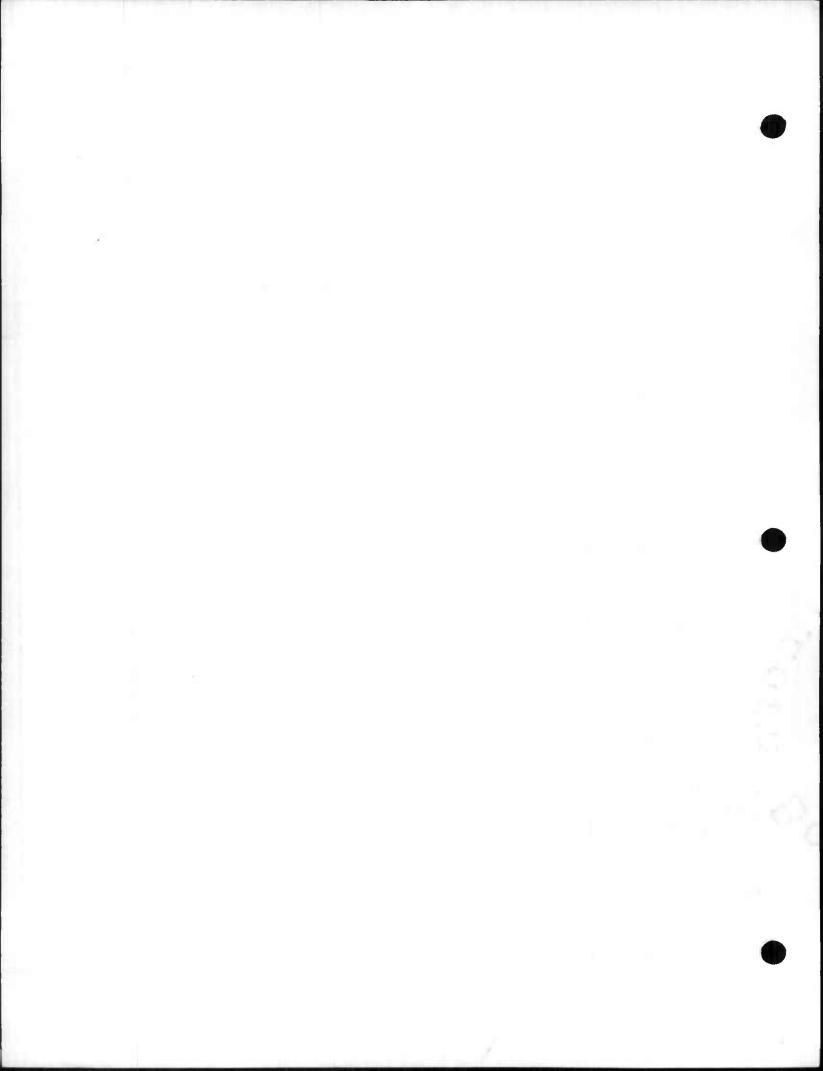
TO THE HOSPITAL DRAFTS ON A PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTION AND THIS CARTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is financed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I	MANTLAN	CERTIF					MILITAR	REG.				
	1. DECEOENT'S NAME (First, Middle, Last)									E OF DEAT				3. TIME OF DEATH
	Nathaniel	James	Н	eyward					Mon		12	d.	AR	
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 VEAR	E INDE	R 24 HRS.		E OF BIRTH				PLACE (State or Foreign
	218-82-7875	1 👿 M 2 🗆 F			MONTHS	DAYS	HOURS	MIN.	(Mo	nth, Day, You	r)	(	Country	y)
3			81	THS.					<u>  07</u>	/22/1	911		Ter	nnessee
-	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN E	OR LOCAT	ION OF D	EATH		9c.	COUNTY	OF DI	EATH
СТОЯ	The Francis Scott Key Medical Ctr. Baltimore City													
DIRECTOR	Maryland 10b. COUNTY				y, TOWN O			.y						10d. INSIDE CITY LIMITS? 1 [Y] YES 2 \( \text{NO}\)
7	10e. STREET AND NUMBER					101	ZIP COD	Œ			I 104	. CITIZEN	OF W	HAT COUNTRY?
B	6446 Alta Avanu													
Ä	6116 Alta Avenu						2120	_						States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	YES 2	S. ARMED	13. 1	WAS DEC	ENDENT	OF HISPA	NIC ORIO	IN? (Specify o Ricen, etc.	Yes or N	14.	RACE	- American Indian, White, stc.
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	3			2 X NO			o rincari, etc.	,		Specifi	hr.
	3 Wildowed 4 Divorced	l MI	411											White
	15. DECEDENT'S EDU (Specify only highest grade		161	. DECEDENT'S	USUAL O	CCUPATIO	ON		1	66. KIND OF	BUSINES	SS/INDUST	RY	
ET	Elementary/Secondary (0-12)	College (1-4 or 5	.,	(Give kind of life. Do NOT u	work done ( se retired.)	auring mo	st of world	ing						
7		4	"	Fnai	neer					Unit	od S	tato	c (	Government
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Lilgi	IICCI								2 (	Jovernment
S										, Middle, Ma		1/11e)		
BE	Nathaniel J	. Heywar	<u>d</u>					Mary	/ Hei	nders	on			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	ind Numbe	or Rural	Route Nu	mber, City or	Town, Sta	ite, Zip Cod	de)	
2	Charles Rutkow	ski		20	4 El:	inor	AVE	nue		Balt	imor	e M	d	21236
	20a. METHOD OF DISPOSITION	JILI			_			illuc						
1 9	1 N Burlei 2 □ Cremation 3 □ Rem	oval from State		ACE AND DATE				•				DN — City		,
	4 Donation 5 Other (Specify)			dens of								imore	€,М	laryland
3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.													
	Leonard J. Ruck, Inc.													
	Mark 1- Mount 1- 5305 Harford Rd. Baltimore, Md. 21214  23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	23. PART i. Enter the diseases, or a ahock, or heart failure.	complications that List only one cau	it caused the	e death. Do	not enter	the mo	de of dy	ing, suc	ch aa ca	irdiac or n	espirato	ry arreat,		Approximate
	IMMEDIATE CAUSE (Final													Onset and Des
		a. VPM			ACH	YUA	LDIA	-						
Z	disease or condition resulting in death)	a. VEM  DUE TO		AC 7	MCH Ti	YUA	LDIA							Onset and Dea
LION	disease or condition resulting in death)  Sequentially list conditions,	· PNE	RIW L	AC 7		YUA	LDIA							Onset and Dea
SATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· PNE	RIW L	AR T		YUA	LDIA	-						Onset and Dea
FICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. PNO DUE TO	(OR AS A CO	AR T	F):	YUA	PIA							Onset and Dea
TIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. PNO DUE TO	(OR AS A CO	AC T NSEQUENCE O	F):	YUA	LDIA	-						Onset and Dea
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. PNO DUE TO	(OR AS A CO	AC T NSEQUENCE O	F):	YUA	LDIA							Onset and Dea
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. PNO DUE TO	YCLW L (DR AS A CO) (OR AS A CO)	NSEQUENCE O	F):				Parti	240 WW	Z AN AIFM	neev T	245	Onset and Dee
اب	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PNC TO OUE TO d	YCLU (DR AS A CO) (DR AS A CO) (DR AS A CO) (DR AS A CO)	NSEQUENCE O	F): F): In the un	derfyln	g cause	given in	Part i.	24a. WA.	S AN AUTO		24b.	Onset and Des  10 min  7 doys  WERE AUTOPSY FINDING AMALABLE PRIOR TO
اب	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. PNC TO OUE TO d	YCLU (DR AS A CO) (DR AS A CO) (DR AS A CO) (DR AS A CO)	NSEQUENCE O	F): F): In the un	derfyln	g cause	given in	Part I.	PEF		?	24b.	Onset and Des  10 min  7 days
اب	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PNC TO OUE TO d	YCLU (DR AS A CO) (DR AS A CO) (DR AS A CO) (DR AS A CO)	NSEQUENCE O	F): F): In the un	derfyln	g cause	given in	Part i.	PEF	FORMED	?	24b.	Onset and Des  10 Min  7 doys  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
اب	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PNC TO OUE TO d	YCLU (DR AS A CO) (DR AS A CO) (DR AS A CO) (DR AS A CO)	NSEQUENCE O	F): F): In the un	derfyln	g cause	given in	Part i.	PEF	FORMED	?	24b.	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اب	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. PNC TO OUE TO d	YCLU (DR AS A CO) (DR AS A CO) (DR AS A CO) (DR AS A CO)	NSEQUENCE O	F): F): In the un	OIS2	g cause	given in	_	1 DE YE	FORMED	?	24b.	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   AD  27. MANNER OF DEATH  1   Naturel 5   Pending Investigation 3   Suicide 8   Could not be determined condition of the could not be determined condition of the could not be determined condition of the could not be determined conditions.	b. PINE DUE TO c. OUE TO d	(DR AS A COMMAN A COM	NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  AT JOA  28b. TIM IN.  At home, farm,	F):  F):  OTHEF 4   Num BE OF JURY M street, factored at the til	26. PI 3: sing Hom 28c. INJ ory, affic	ACE OF E	given in	8 Ot 28d. D	One)  her (Specify)  ESCRIBE HO  CATION (Shy or Town, S)  seuse(e) and	S 2   #	Y OCCURI	ED Rural R	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   AD  27. MANNER OF DEATH  1   Naturel 5   Pending Investigation  3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DUE TO  C. OUE TO  d	(OR AS A COMMAN (OR AS A COMMA	NSEQUENCE O  NSEQU	OTHEF  OTHEF  OTHEF  UNITY  M  street, faction, in my o	26. Pl 3: Bing Hom 28c. INJ ory, offic	ACE OF E	given in  DEATH (C)  lesidence  NO  e, and due  red at the  ENSE NU  72	8 Ot 28d. D	none)  her (Specify)  ESCRIBE HO  CATION (Sh y or Town, S  susse(a) and place	OW INJUR	ry occurring the stated.  The stated is to the call date side.	ED  Bural R  Bural R  GNED	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	rai.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIMISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF WITHING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DATA Mer this	be filed within 72 have the puth with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

A STATE OF	1. DECEDENT'S NAME (First,	Middle, Last)	CATA	therine	₽ <b>E</b> . 1	Hars	hmar	1, 5	2. DATE O	F DEATH D	AY	YEAR 93	3. TIME OF DEATH
4	4. SOCIAL SECURITY NUMBE		5. SEX						+				M
							7. DATE O	Day, Year)	12	8. BIRTS	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH												
TOR.	FAILS ton Nospital FAILS ton, M& Nonfoed												
DIRECTOR	10a. STATE	106. COUNTY	1timor	اح			OR LOCA	TION 20 Men					10d. INSIDE CITY LIMITS?
اپ								. ZIP CODE			10a CITI	ZEN OE	1 YES 2 NO
FUNERAL	3/69 /	VOL	h way	Dres	e			212	34		7	1.5	
BY FUN	11, MARITAL STATUS 1 Never Married 2 I I 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		13.	If yes, sp	ENDENT OF HISP ecity Cuban, Mex 2 X NO Spe	ican, Puerto Ri		es or No-  14. RACE — American Indian, Black, White, etc.  Specify: White		
	15. DECE	DENT'S EDUC	ATION	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	nw .	165	KIND OF BUS	SIMESS/INO	LICTOV	MIIIOC
	(Specify only Elementary/Secondary (0-	highest grade o	completed) College (1-4 or 5 +		live kind of w	vork done e retired.)	during me	st of working	1000	CHILD OF BO.	311403371140	USINI	
COMPLETED	12		- College (1-4 of 5 f		ecord	s Cl	lerk			Heav	/y Equ	uipm	ent
BE CO	17. FATHER'S NAME (First, Mic		n Linton					18. MOTHER'S	name (First, M lary E)			hof	
5	19a. INFORMANT'S NAME (Ty)	pe/Print)		19	b. MAILING	ADDRES	S (Street a	and Number or Rur	al Route Numbe	r, City or Tow	n, State, Zip	Code)	
F	Emory E. Ha		n, III		4301	Bla	akely	/ Avenue	e Bai	ltimor	re, Mo	d.	21236
	20e, METHOD OF DISPOSITION  1 M Burlal 2 Cremation  4 Donation 5 Other (	3 Ramo	val from State	20b. PLACE cemetery, cre	AND DATE O	her place	SITION (NE	Com 2	/10 /03	20c. LO	CATION - C	City or To	Maryland
	21. SIGNATURE OF FUNERAL		ENSEE Mar	k T. Zav	VOVDA	22	. NAME A	ND ADDRESS OF	FACILITY	Do	TUTING	ле,	mai yranu
-	· ma	uk T	()	MA.	voyna		Leor	nard J.	Ruck,		imoro	Md	. 21214
	23. PART I. Enter the dis	sesses, or co		coused the de	eath. Do n	ot ente							Approximate
LION	iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immed	ona, C	OUE TO	(OR AS A CONSE	QUENCE OF	<b>י</b> ):	STY	uctive	Pu,	mor	ary	Di	Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauiting in desth) LAST  d												
MEDICAL C	PART II. Other significan	nt conditiona	contributing to	deeth but not	resulting i	n the u	inderlyin	g cause given		24a. WAS AN PERFOR	RMED?	246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_													1 TYES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF DEATH (	Check only one	1			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	DOA	OTHE	R:	e 5 🗆 Residenc					
PHYSICIAN:		ending	28a. DATE OF (Month, D.	INJURY ay, Year)	26b. TIM	E OF URY	WC	URY AT PRIC? YES 2 NO	28d. DEŞ0	RIBE HOW I	NJURY OCC	URED	
ED BY	3 Suicide 6 C	ould not be	28a. PLACE O building,	F INJURY — At he	ome, farm, s	street, lac			28t. LOCA C/ty o	TION (Street I	and Number	or Rural i	Route Number,
<u> </u>	20- CERTIFIER				_		-						
COMPLETED	(Check only		IAN: To the best of I: On the beats of a										a) and menner as stated.
Ŭ W	29b. SIGNATURE AND TITLE	ог/Сентинен	-/	7	•		_	29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)
0		Kicho	nd laws	3 m	0						•	2/1	5/93
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAN	SE OF DEATH (ITE	M 27) (Туре,	Print)						-//	
	31. DATE FILED (Month, Day, Y	barl	22 PEGICTOA	R'S SIGNATURE									
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transfer within 72 hours after death with the State Dent of Health and Mental Hynlene prior to burial cremanion or named.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

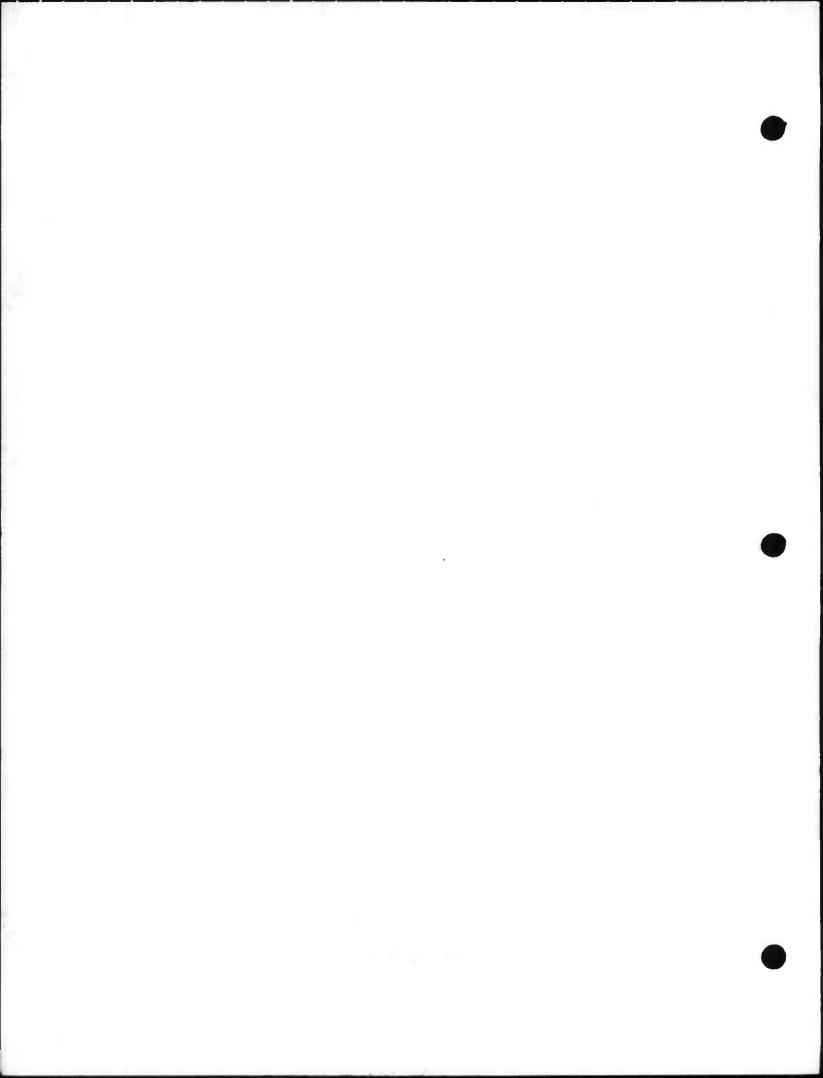
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CALE	OF DEATH	REG. NO	D	
1. DECEDENT'S NAME (First, Middle, Last, Henrie	etta I. Has	try			2. DATE OF DEATH MONTH Feb. 1	5°, 1993°	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. 4	AGE (In yrs. lest birthday) 86 YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. NYS HOURS MIN.	7. DATE OF BIRTH	/06 B	Maryland
9a. FACILITY NAME (If not institution, give Edenwald Reti				WN OR LOCATION OF D	EATH	Sc. COUNTY (	
10a. STATE 10b. COUNTY	ältimore	10c. CITY,	TOWN OR I	nnewood			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1808 Palo Cir	cle			101. ZIP CO05 2122	7	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR 6	YES 2 NO	If ye	DECENDENT OF HISPA a, specify Cuben, Mexico YES 2 NO Specif	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 2 TH	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEM	ork done durin retired.)	PATION ig most of working	166. KIND OF BE	USINESS/INDUSTR	av.
17. FATHER'S NAME (First, Middle, Lest) Henry Newman	Winter				ME (First, Middle, Maide nrietta I.		211
19a. INFORMANT'S NAME (Type/Print) Edwin W. Hast	ry	196. MAILING A 200	3 Fer	reet and Number or Rural nglen. Way	Route Number, City or To		" MD 21228
20e. METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF COMMERCE OF COMMERC	DISPOSITIO	N(Name of emetery 2	DATE 20c. LO	ocation — city o	or Town, State More, Marylan
21. SIGNATURE OF FUNERAL SERVICE L	Smlr	u g	22. NAN	1328 Sulph	COUTY AMONG		eral Home Arbutus,Md
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Qrin	AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	+ II	wfectio,	1		Interval Between Onset and Death
OSteopoco Ventral H	515	th but not resulting in	the under	lying ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch			
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJU	JRY 28b. TIME	OF 28c	Home 5 Residence  : INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)			281. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,
		knowledge, death occurred					ree(s) end manner as stated.
200. SIGNATURE AND TURGE OF GENTIN	LuD			29c. LICENSE NUI	4	5	NED (Month, Day, Year) -/6-23
30. NAME AND ADDRESS OF PERSON W	CTO, MD	F DEATH (ITEM 27) (Type, F 7600 OS SIGNATURE	ler D	r#213 1	owson,	Mol	21204
FEB 1 6 19	93 Julia D	SIGNATURE Widow-Ponda	5				

DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	HEGISTHAR		CE	KIIIF	ICALE OF	- DEAI	H	F	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) Harold Andrew	Поомож	y 10 1885	-			_	2. DATE OF MONTH	nay		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER							Feb.		1993	11:35A "
	216-07-0072	5. SEX 1 X M 2 D F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. DATE OF I	17 1905	Goun	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give st.	rest and number)			9b. CITY, TOWN	OR LOCATIO	N OF O			DUNTY OF	
8	Baltimore County		Hospita	1		11stow		CAIN	1000	altim	
티리	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Ba	ltimore		1116	y, town or loc andalls						10d, INSIDE CITY LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER			10		Of. ZIP CODE			100		
FUNERAL	5412 Old Court 1	Road				2113	3			SA	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARI	MEO	13. WAS DI	CENDENT OF	HISPAI	NIC ORIGIN? (S	pecify Yes or No-	14. RAC	CE — American Indian, ck, White, etc.
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2X N	0		specify Cuban, S 2X NO		nn, Puerto Rica y:	n, etc.)	Spec	
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCUPAT			16b, Kth	D OF BUSINESS/	NDUSTRY	wille
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		,	D .			
₩ O	17. FATHER'S NAME (First, Middle, Last)		PLL	iter	Forema	_	ER'S NA		nting - le, Maiden Surname		rly Press
BE C	John Albert Hoove	er						Lowans			
108	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street	and Number o	or Rural	Route Number, (	Olty or Town, State,	Zip Code)	
-	Lois Jane Gilpin						Lew	es, De	laware	19958	
	20a. METHOD OF DISPOSITION  1 Burial 2X Cremation 3 Ramo	oval from Stata	20b. PLACE A cemetery, cren	ND DATE	of disposition (i ther plece) <b>natory</b>	Nama of	0.4	DATE	20c. LOCATION	177	miles of
	4 Donation 5 Other (Specify)	ENSEE	Metro	Crei		AND ADDRESS	_	13/93 CILITY	Catons	<i>i</i> lle	, MD
	Loyell M. Le	WINDOW S	mon						defeld, Timonium		
	23. PART I. Enter the discesses, er.c.		caused the des	th Do r	not enter the m	ode of dvin	пта	h as cardian	1 1 mon 1 ur	a, mu	
	shock, or heart fellure. I	Liet only one ceus	e on eech line.		Λ	out of ajm	g,		or respiratory	mileot,	Approximata Interval Between
Ì	IMMEDIATE CAUSE (Finel disease or condition				1.	1	1-	1.			Onset and Death
Į.	resulting in death)	URO			- 700	my	un	ucon			
		DUE TO (	OR AS A CONSEO	UENCE O	Po Par	tal	1	1	1 .		
NO N	Sequentielly list conditions,	DUE TO #	OR AS A CONSEO	HENCE OF	1/0	maiic		arci	nomo		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			001102 01	Med	my	TIL	edeal	momo	not	
Ē.	CAUSE (Disesse or injury that initiated events	DUE TO (C	OR AS A CONSEO	UENCE OF	F):	1	Coo	7	11000		
F	resulting in deeth) LAST	1				V			V		
	PART II. Other significent conditions	s contributing to c	leeth but not re	eultina	in the underivi	na ceuse ai	ven In	Part I 24	. WAS AN AUTOPS	v   24	b. WERE AUTOPSY FINDINGS
EDICAL					and anadity	ing course gr	• • • • • • • • • • • • • • • • • • • •	244	PERFORMEO?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1[	YES 2 NO		DF DEATH?
Σ								_ [			1 YES 2 NO
Ż.											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OE					
<u>≅</u> [	27. MANNER OF DEATH	1 Inpatient 2			4 Nursing Ho		Idence				
	1 Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIM	URY W	JURY AT ORK? YES 2	NO	28d. DESCRI	BE HOW INJURY O	CCURED	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At hon	te form o				201 1 004710	N (Street and Numb		
COMPLETED	4 Homicide 8 Could not be	building, at	Ic. (Specify)		moot, motory, or			City or To	wn, State)	Her or Hurai	Houte Number,
ן ב	29a. CERTIFIER (Check only	TAN: To the heet of a	n knowleden den	4.	d =4 44 - 41 - 4			5.1		-	
	(Check only one)  2 MEDICAL EXAMINER										e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER										D (Month, Day, Year)
8	As Bassin	H	OUSE	YS	ICIAN	1			<b>▶</b>	ス・	12.93
2	30. NAME AND ADDRESS OF PERSON WHO AVTAR S.	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print) BAL	TIMO	RE	COL	INTY	Ge E	NERAL
	31 DETERVILED (Month. Dav. Year)	1 32 HE CHISTPAR	'S MATURE -						*	F	HOSPITAL
	FEB 1 (6" 1993	- KIL DON'S	-Honde								

OHMH-16 Rev 1/89

TO THE HOSPITAL OPPÄTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It libra 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

MARGINE LINE CURL IN LESS

REG. NO

1 - FOR STATE REGISTRAR

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.O. B(	certificate
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OR	that
REC	requires
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IAL OR ARENDING PHYSICIAN: The law requires that the death certificate be executed within 24
	IAL DR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1993 William John Henneman

4. SOCIAL SECURITY NUMBER

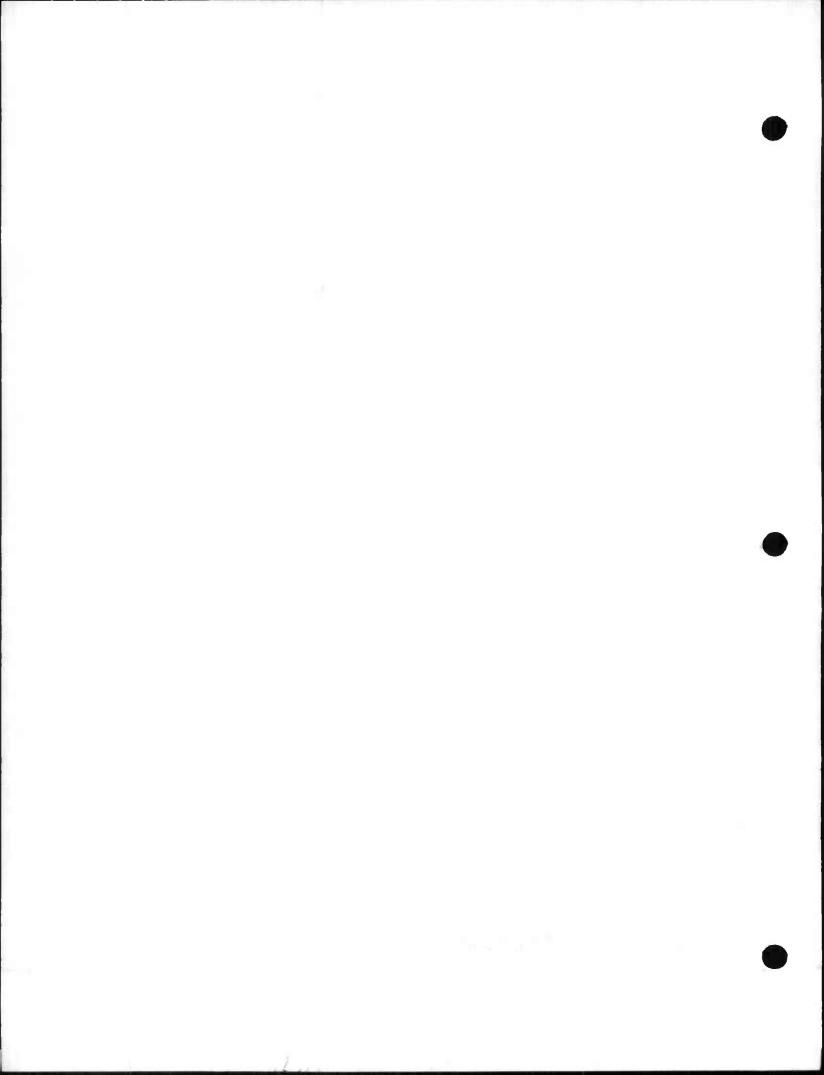
5. SEX Feb. 14 Sr7. DATE OF BIRTH (Month, Dgv. Year 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS ₹.4 2 □ F 216-09-4026 81 Aug. 25 1911 Maryland detached for use as the burlal-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH c. COUNTY OF DEATH DIRECTOR University of Maryland Medical Cntr. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Waverly 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3913 Yolando Road 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie ВҰ 1 YES 2 NO Specify: 3X Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Deliveryman Milk. notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Agnes Holt funeral director, page 5 should be Frank Henneman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 William John Henneman, 305 N. Wisteria Ct., Bel Air, MD 21015 eg 20s. METHOD OF DISPOSITION

1 Burtal 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE HUST Most Holy Redeemer Cemetery 2/17/93 Baltimore, MD 21. SKINAZUME OF FUNERAL SERVICE EJCERSÉN ехатіпег 22. NAME AND ADDRESS OF FACILITY Xeftali-( Lemmon-Mitchell-Wiedefeld, Inc. Bryan W. Clary 10 W. Padonia Rd., Timonium, MD 21093 After this certificate has been signed by the attending physician and completely filled in by the death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final the disease or condition resulting in death) 3day S event, executed or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 8 law requires that the death certificate DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO shows a 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be × 4 Homicide 29a. CERTIFIER CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNE Be filed within FUNERAL HOSPITAL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. RESIDENT BE UNDER 29c. LICENSE NUMBER EISENBURG. 2

32 RECEIPTED

FEB 14 1993

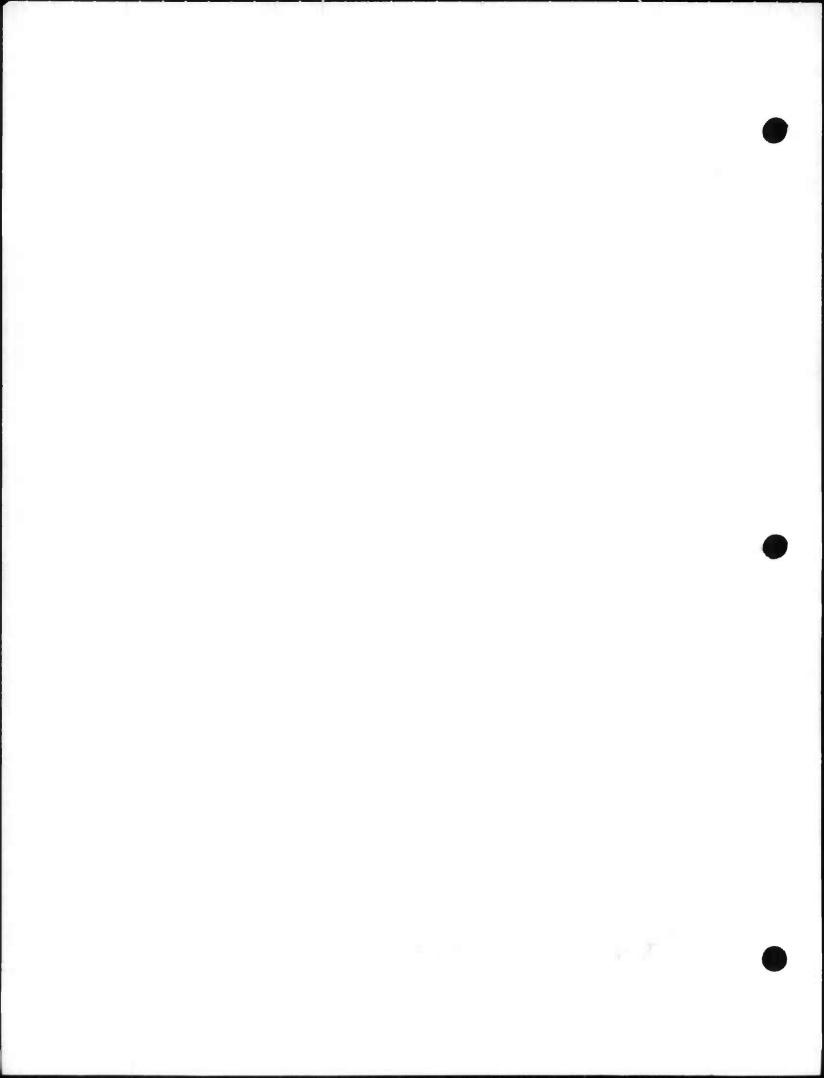
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Bent of Health and Mental Housene onto to burial, cremation, or removal	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOLD THE ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNCTION After this certificate has been signed by the attending physician and completely filled in by the he filed with the State herior of Health and Mental Hodine prior to burial contration, or removal	IMPORTANT: Willerf 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

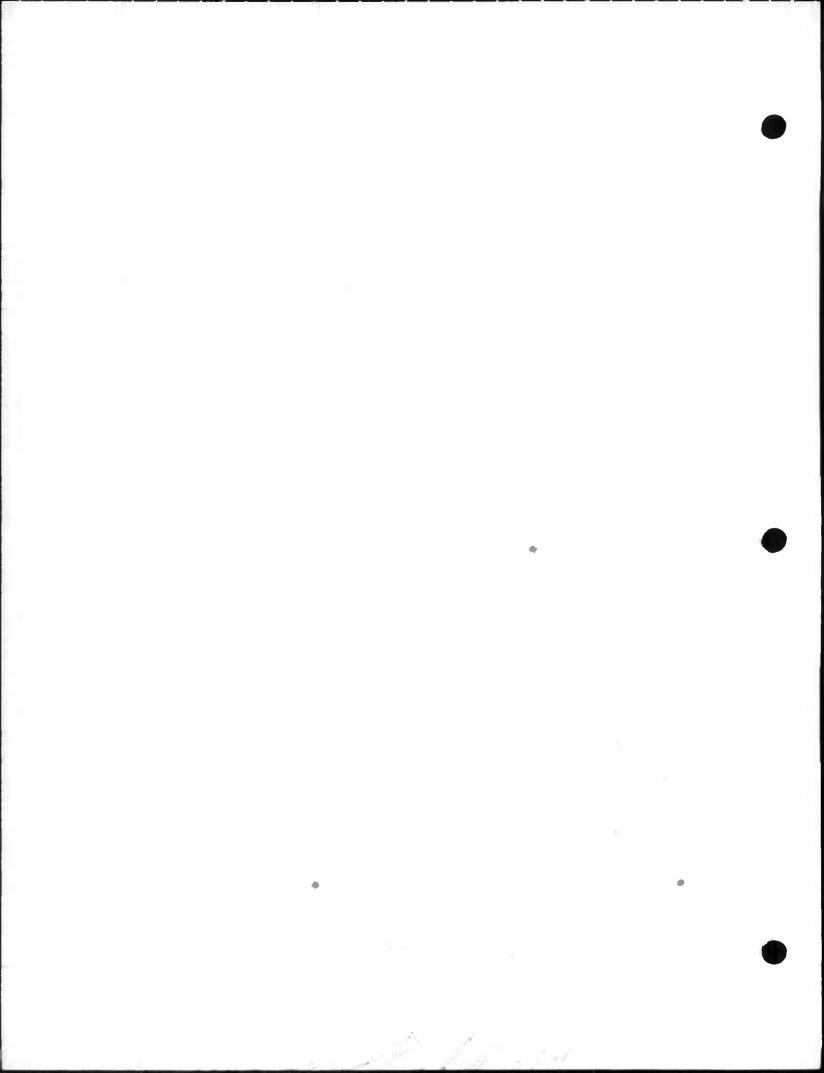
31. DATE FILEO (Month, Day, Year) FEB / 156/1993

									9	3	03539
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT OF	HEALTH F DEAT	AND I	MENTAL HYGIEN	E		
))	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3	B. TIME OF DEATH
1	Marie E.  4. SOCIAL SECURITY NUMBER	Hollma	n					2-14-1	993	YEAR	м
'	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTH	1/		LACE (State or Foreign
	217-09-2852	1 🗆 M 2 🔀 F	93	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) 1-27-190		M Country)	yland
- 1	Se. FACILITY NAME (If not institution, give stre			-	9b. CITY, TOW	N OR LOCATI	ON OF DE			TY OF DEA	
DIRECTOR	Meridian Multi-	-Medica	l Cnt.		Balt	imon	2			Ba	ltimore
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c CIT	Y, TOWN OR LO	CATION				1.2	IOd. INSIDE CITY
E	Md			100.011							LIMITS?
	10e. STREET AND NUMBER				Balti				-		X YES 2 NO
FUNERAL	- 2112-1-271	1			I	101. ZIP COD					AT COUNTRY?
R	2703 Chesley A					2/2				·.S.+	4.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED IO	13. WAS I	ECENDENT (	F HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE -	- American Indian, White, etc.
BY	3 CWidowed 4 Divorced	IF YES, GIVE W				ES 2 NO				Specify:	White
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COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	16a. DE(	Ve kind of	USUAL OCCUP. vork done during se retired.)	NTION most of world	19	16b. KIND OF BUS	HNESS/IND	USTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)						,,			
MP				omen	naken			H o			
8	17. FATHER'S NAME (First, Middle, Lest)							ME (First, Middle, Maiden	Surname)		
BE	Julius Ende							Legon			
9	19a. INFORMANT'S NAME (Type/Print)	,	196	. MAILING				Ploute Number, City or Tow			
-	Mrs. Elsie Shou	11	2	703	Chesl	ey Ar	le.	Balto.,	Md.	2123	34
	20s. METHOD OF DISPOSITION  DESCRIPTION 2 Cremation 3 Remov	rel from State	20b. PLACE A	matory or o	OF DISPOSITION	(Name of		OATE 20c. LO	CATION C	Ity or Town	n, State
1	4 Donation 5 Other (Specify)	niner.	Holy	Rec	eemen	(em		2//2 B	alto	., /	10
	21. SIGNATORED CONDUCT SERVICE PLEA	A - 00			Han	+ / OII	SS OF FA	Lon Funo	201	HOme	
	Startley	Meller			752	7 #01	fon	ler Fune d Rd. Ba	1+0	Mome	1 2/224
	23. PART I. Enter the diseases, or co	mplications that	ceused the de	ath. Do r	ot enter the	mode of dy	ing, suci	h as cerdisc or reapi	ratory arm	ent.	Approximate
	shock, or heart fellure. Li IMMEDIATE CAUSE (Final	at only one caus	se on each line.			_	_	•		·	Interval Between Onset and Death
- 1		Po.	- L			.0					Citati and Death
- 1	resulting in death) a.	DUE TO	OR AS A CONSEC	DEENCE O	Toc. 147	_					+muec
- 1		DUE TO	<u></u>	1		G.1.					İ
CERTIFICATION	Sequentially list conditions, b.	DUE TO	DR AS A CONSEC	UENCE O	<b>~</b> ()	1-2:11	we				
A	if any, leading to immediate cause. Enter UNDERLYING										Iweek
윤	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEC	UENCE O	<b>ት</b> :						I week
E	resulting in death) LAST	•			,						
핑	d.										
ا بر	PART II. Other aignificant conditions	contributing to	death but not n	esuiting	n the underly	ing cause	given in	Part I. 24a. WAS AN			VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	C616	26rd11a	3 cula	A	Ecido	nt		PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								1   TES 2	MINO		F DEATH?
2								-		1 1	☐ YES 2 ☐ NO
A	25. WAS CASE REFERRED TO MEDICAL				-	N 105 05 0					
$\frac{1}{2}$	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Un	eck only one)			
₹ I		1   Inpatient 2					sidence	8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF I (Month, Day	y, Year)	28b. TIM INJ	URY	INJURY AT WORK?		28d. OESCRIBE HOW I	NURY OCC	URED	
B	2 Accident Investigation					YES 2	NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF building, s	INJURY — At hor etc. (Specify)	me, farm, s	treet, factory, o	ffice		28f, LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	ute Number,
	4 Homicide determined										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of r	ny knowledge, des	nth occurr	d at the time, o	ate and place	, end due	to the cause(a) and mar	ner as state	d.	
S	one) 2 MEDICAL EXAMINER:										and manner as stated.
											and the second s
	296. SIGNATURE/AND TITCE OF CERTIFIER	,				29c 1 lcs	INSE NUE	IRER	204 DATE	SIGNED "	Anoth Day Mari
BE C	29b. SIGNATURE AND TIXE OF CERTIFIER	1				29c. LICI	ENSE NUM	REER ROS	29d. DATE		fonth, Day, Year)



_	-	
ALLENDING PHYSICIAN: The law requires that the death certincate be executed within 24 hours after death. Page 6 may be retained I	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
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÷	this	after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal
5	ler	ath
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E.	OR:	Per
=	5	15

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	-	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1		Earl Melv	in Hu	lin			4 93	7:30 AM
- į	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. BIRT	HPLACE (State or Foreign
- 1	216-01-7508	1 🕅 M 2 🗆 F	34 YRS.	MONTHS DAYS	HOURS MIN.	11/16/0	)8 Coun	ew York
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF	
DIRECTOR	2235 Mulberry			Ann	apolis		Anne	Arundel_
2	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		<u>ne Arundel</u>				polis		1 TYES 2 TO NO
FUNERAL	10s. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N.	2235 Mulberry					1401		SA
	1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	13. WAS DEC	ENDENT OF NISPAL ecify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14, RAC Black	E — American Indian, ck, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	y:	Spe	White
요	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUSTRY	WIIICC
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of w life, Do NOT us	ork done during mo e retired.)	st of working			-
립	12th		Assemb	oly Lin	e Work	er Gene	eral Mo	tors
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden		
BE	Minor H	<u> Iulin</u>				Gertrude	Pos	t
2	19a. INFORMANT'S NAME (Type/Print)					Aoute Number, City or Tox		
۴	Gladys F. Huli	. n	2235	Mulber	ry Hil	l Rd. Ar	napoli:	s,MD 21401
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🂢 Cremation 3 ☐ Remo		PLACE AND DATE OF PLACE AND DA	F DISPOSITION (Na	me of	DATE 20c. LC	CATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEED ALL	7010 010	22, NAME AN	D ADDRESS OF FA	CILITY		
1	Cooper			Crema	tion So	ociety of	Md.,	Inc.
	George E.  23. PART I. Enter the diseases, or c		d the death Dea	Z99 F	rederio	ck Road	Balto.	
	shock, or heart failure. I	List only one cause on e	ach ilne.	ot enter the mo	ae or aying, suc	n as cardiac or resp	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	e Co. o	*,		0 .			Onset and Death
	resulting in death)	DUE TO (OR AS (	CONSEQUENCE OF	any	un	at .		
_		CLIAC	200	WALL	5 Par	PIA		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	* ,	1 100	· · ·		
8	cause. Enter UNDERLYING	. Ato	el t	1 Sull	Am	-		
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	b	0 1	1 -/		
ᇤ	resulting in death) LAST	. Cerl	MAC	unse	ange	- hers	ou sn=	) L
	PART II. Other algnificant conditions	a contributing to death h	ut not resulting i	n the underlying	course object to	Part I. 24e. WAS AN	ALTTORON	
র		nentics	at not resulting t	ii tile ulluertyiliş	Cause given in	PERFO	MED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	- QV	70000				1 YES 2	NO	OF DEATH?
Σ						-		1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	ant anti and		
Sic	EXAMINER? 1 YES 2 W NO	HOSPITAL:	etlent 3 004	OTHER:	1	6 Other (Specify)		
ΞI	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TIME			28d. DESCRIBE NOW	NAMES OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	ILMI	JRY WO	RK? ES 2 NO	0.0000000000000000000000000000000000000		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, s	treet, factory, office		28f. LOCATION (Street	and Number or Rural	Route Number,
Ĕ	4 Homicide determined	building, etc. (Spec	ony)			City or Town, State		
ן ב	294. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	d at the time date	and place, and due	to the cause(s) and ma	ones en etetad	
COMPLETED		R: On the basis of examination						a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			
BE	· Much Cha	anno	>	·	• An D	314	AND WATE SIGNES	O (Morith, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type.	Print)	1308	/ (	1.02/1	5/93
	Carata C C	aras, M.D.	205 R	idgely	Avenue	Annapo	lis, MI	21401
	31. DATE FILED (Month, Day, Year) FEB 1 6 199	32. REDISTRAR'S SIGN	ATURE Thomas	2				



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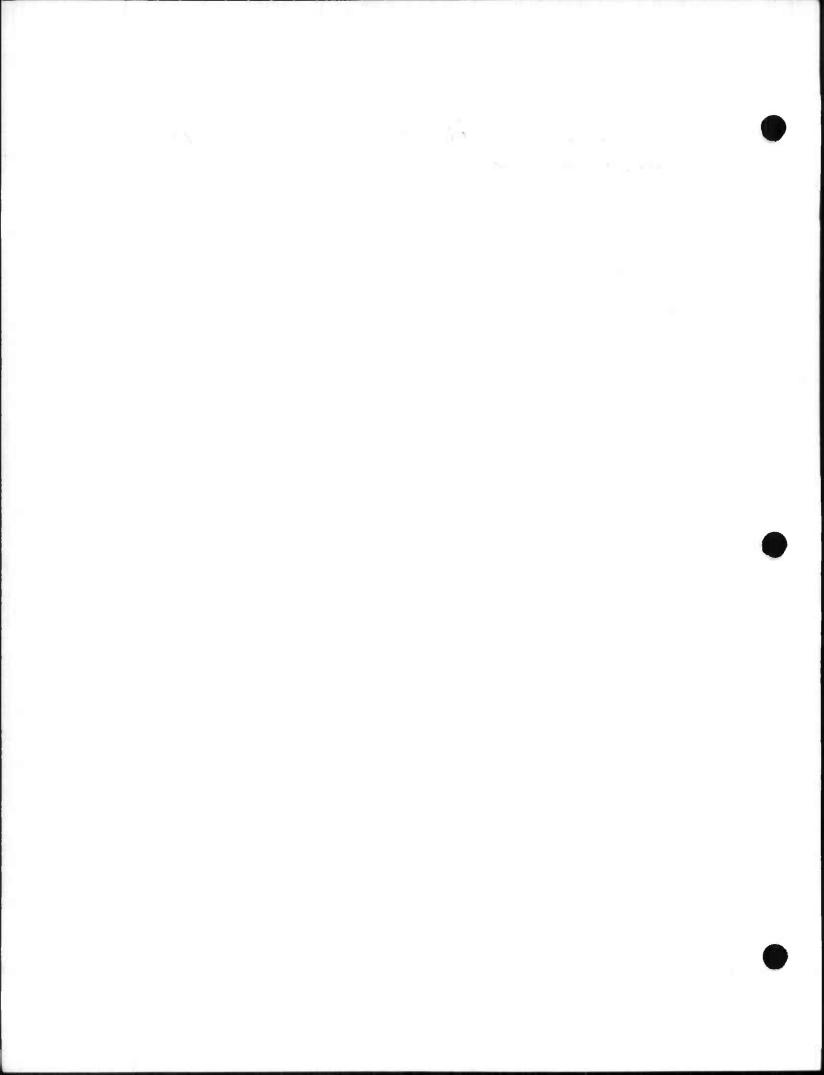
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22. REGISTRATS SIGNATURE

							9	3 03541
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	CATE (	F HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Ha	r+u	Jel	}	2. DATE OF DEATH DOTTE	"/ 9°=	3. TIME OF DEATH
	- 1.1 - 1 atu	S. SEX  8. AGE (In yrs. In		IF UNDER 1 YE	AR IF UNDER 24 HRS, VS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $12-2-1$	8. B4	RTHPLACE (State or Foreign ountry)
OR	9a. FACILITY NAME (If not institution, give street INNS OF EVERGR.				WN OR LOCATION OF DE	EATH	9c. COUNTY 0	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  MD			TIMOF				10d. INSIDE CITY LIMITS? 1 VVES 2 NO
FUNERAL	100. STREET AND NUMBER 2525 W. BELVEDE	RE AVENUE	IDAB	TIMOI	101. ZIP CODE 21215			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Nover Married 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2/5 IF YES, GIVE WAR OR DATES	ARMED NO	If yes	DECENDENT OF HISPAI s, specify Cuben, Mexics YES 2 NO Specif		s or No — 14. R	ACE American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specily only highest grade con Elementary/Secondary (0-12) 1 2 t h		DECEDENT'S ( Give kind of we fe. Do NOT use  MINI	ork done durin retired.)	PATION g most of working	16b, KIND OF BU	SINESS/INDUSTR	
BE COM	17. FATHER'S NAME (First, Middle, Lest) JOHN JOHNSON					ME (First, Middle, Maiden A ANN LIG		1
TO B	196. INFORMANT'S NAME (Type/Print) LEDIA DAVIS					Route Number, City or Tow BALTIMORE		
	20s. METHOD OF DISPOSITION 1   Burlai 2   Cremation 3   Removal 4   Donation 5   Other (Specify)	remetery, commetery, commetery, commetery, commetery, commeters, c	EAND DATEO remetory or oth FERN	STAR	CEMETERY	CA	TONSVI	LLE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE F. So.	KB-		.C.MARCH		1 E. N	NORTH AVE.
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsia	10.		mode of dying, suc	h as cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI		): 				
CERT	resulting in death) LAST							
MEDICAL	PART II. Other significant conditions c	ontributing to death but not	resulting in	the under	lying cause given in	Part 1. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:		IOSPITAL:	3 DOA	OTHER:	6. PLACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH  1  Netural 5  Pending 2  Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c	WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)				281. LOCATION (Street City or Town, State)		ral Route Number,
COMPLET	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, of the beals of examination and/or						se(s) and manner as stated,
TO BE	396. BIGINATURE AND TITLE OF OCCUPIER  30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	en en aZT	Orient 2	29c. LICENSE NUI	MBER	≥ 29d, DATE SIGN	NED (Month, Day, Year)

RU # 365



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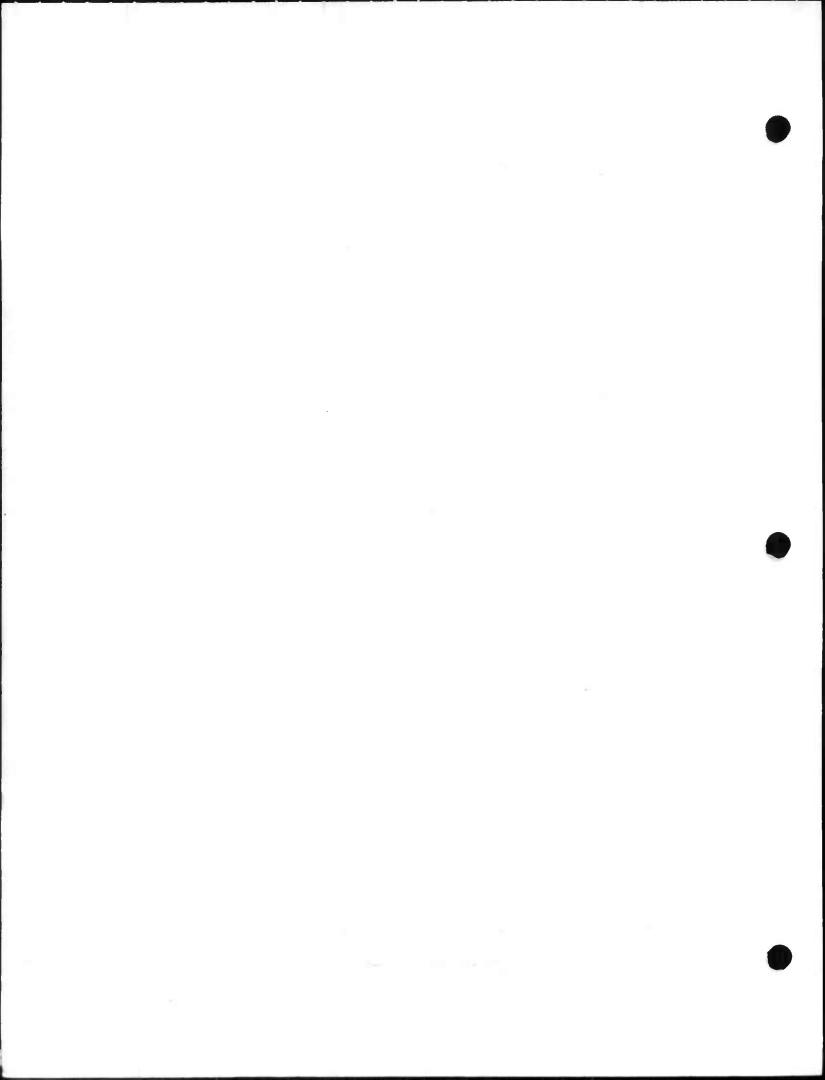
TTENDING PHYSICANE IN the parties that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TOR: After this certificate has been somed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages after death with the State Dect. or Health and Neutral Hydrine prior to burial, cremation, or removal.  28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, La	net)	OLITINI I	CATE OF DE		REG. NO		
WILLIE	JAMES	HEN	DERSON		DATE OF DEATH		
4. SOCIAL SECURITY NUMBER					2 - 12 DATE OF BIRTH	8. Bit	RTNPLACE (State or Foreign
226-26-2032	1 🔀 M 2 🗆 F	72 YRS.	ONTHE DAYS HOUR	MIN.	Month, Day, Year) -1-21	Co	N.C.
9a. FACILITY NAME (If not institution, gi			9b. CITY, TOWN DR LOCA			9c. COUNTY O	F DEATN
4614 MANORDE		T. A	BALTIMO	DRE			
16e. STATE 10b. CDU		10c. CITY,	TOWN DR LOCATION				10d. INSIDE CITY
MD		Ba	altimore				1 X YES 2 ND
10s. STREET AND NUMBER			10f. ZIP CO	DDE			F WHAT COUNTRY?
4614 Manordene			2122			U.S.	
1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X ND		iben, Mexican, Pu		9	ACE — American Indian, lack, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAN DR	DATES	1 TYES XX	D Specify:		S	BLACK
15. DECEDENT'S E (Specify only highest gi		16a. DECEDENT'S U	rk done during most of wo	rkina	16b. KIND OF BUS	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use	retired.)				
9th 17. FATNER'S NAME (First, Middle, Last)			10. 10	THER'S NAME /	irst, Middle, Malden	Sumamal	
Dewhitt Hender	son			ertha Du		Surremey	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Num			n, State, Zip Code)	
Cynthia Hender	son	2513 E	. Madison	St./Bal	timore,	MD 2120	05
20a. METNOD OF DISPOSITION 1 Disposition 2 Cremation 3 R		ob. PLACE AND DATE DE	er niacel			CATION — City or	
4 Donation 5 Other (Specify)		Baltimóre	22. NAME AND ADD	DESS OF EACH IT		timore,	MU
100	11. KI	2					
22 DART I Enter the diseases	uc(f)	Tones					ORTH AVE.
	re. List only one cause on	ed tha death. Do no					
	or end only one order	aach Ilna.	t enter the moda of o	dylng, auch es	cardiac or respi	ratory arrest,	
IMMEDIATE CAUSE (Final disease or condition	Minoral	each line.	t enter the mode of	dying, auch es	cardiac or respi	ratory arrest,	Interval Between
	a. Myseu	aach lina.	and the mode of the state of th	dying, auch es	cardiac or respi	ratory arrest,	Interval Between
disease or condition resulting in death)	a. Myour Obje to (OR AS	aach lina.  A CONSEQUENCE DF):	Afar	dying, auch es	cardiac or respi	ratory arrest,	Interval Between
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	a. Myseu Dide to (DR AS	A CONSEQUENCE DF):	t enter the moda of of	dying, such es	cardiac or reapi	ratory arrest,	Interval Between
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disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. My DUE TO (DR AS  b. JUNE TO (DR AS  c. DUE TO (DR AS  DUE TO (DR AS	A CONSEQUENCE DF):	Infar	cho	I. 24a. WAS AN PERFOR	AUTOPSY 2	Interval Between Onset and Deatl  III A Company and Deatl  A Company and
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	1 - STATE OF MARYLAN		RIMENT OF I		MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	DAY	3. TIME OF DEATH
	MARY T. HORSEY					D-11	3 10;40p
	0.0 0.00 0.00 0.00 0.00	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
	214-40-4931 1 M 2 X F 8  9a. FACILITY NAME (If not institution, give street and number)	9 YRS.			3-22-03		DELAWARE
Œ				OR LOCATION OF I	DEATH	9c. COUNT	Y OF OEATH
DIRECTOR	WESLEY HOME		BAL'	10.			
IR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	MD .	B	ALTO.				1 YES 2 NO
RA	2211 WEST ROGERS AVE.		10	ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	S. ARMED	13 WAS DEC	21209	ANIC ORIGIN? (Specify Ye		S.A.
BY FL	1 Never Married 2 Married 3 Wildowed 4 Diverced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. MNO	If yes, sp	2 NO Spec	an, Puerto Rican, atc.)	14 or No	I. RACE — American Indian, Black, Whita, atc. Specify: WHITE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDUS	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	st of working			
COMPLETED	4yrs.	LIB	RARIAN				Y SCHOOLS
	17. FATHER'S NAME (First, Middle, Lest)  F. BERKLEY HORSEY				AME (First, Middle, Maider	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	T 401 414 114	4000500 (0)		O TULL Route Number, City or To		
2	JOHN P. HULL						MD. 21201
1	20a. METHOD OF DISPOSITION 20b. PL.	ACE AND DATE	OF DISPOSITION /N/				y or Town, Stata
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	D FEL	LOWS CI	EM.	0/	AFORD	• 4.00.10.00.00.00.00.00.00.00.00.00.00.00.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	D ADDRESS OF F		NG C	CONG. CO
	William R. Vaux II	I			W. JENKI		.,MD. 21212.
	23. PART I. Enter the diseasee, or complications that ceused the shock, or heert fellure. List only one cause on each	e deeth. Do r	not enter the mo	de of dying, au	ch ea cerdlec or reep	elratory arres	t, Approximate
	IMMEDIATE CAUSE (Final	mia.					Intarval Batween Onset and Daath
	disease or condition resulting in death)	,					
	DUE TO (OR AS A CO		4				
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate		muec				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury						
E	that initiated events resulting in death) LAST	NSEOUENCE OF	F):				
Ä	d.						
CAL	PART II. Other significant conditions contributing to death but r	nDt resulting i	In the undarlying	cause given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS
20	ADVANCED AGE				PERFO		AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
W	ADVANCED Debilita	7				_	1 TYES 2 NO
ž							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Installed 2 FR/Outsetled		OTHER:	ACE OF DEATH (C			
H X	1   YES 2 1/2 NO   1   Inpetient 2   ER/Outpatient  27. MANNER OF OEATH   28a. DATE OF INJURY	nt 3 🗆 DOA	4 Nursing Hom		6 ☐ Other (Specify)  26d, OESCRIBE HOW		
	1 Netural 5 Pending (Month, Day, Year)		URY WO	RK?	20d. DESCRIBE HOW	INJURY OCCUP	4ED
B√	2 Accident Investigation 3 Suicide 6 Could not be	At home, farm, s			281. LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide determined building, etc. (Specify)				City or Town, State	)	
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurre	ed at the time, date	and place, and du	a to the cause(a) and ma	nner as stated.	
Ö	one) 2 MEDICAL EXAMINER: On the basis of examination en						
BE (	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
10	R. fleets, no.			Da	1464	<b>)</b> 2	2-15-93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ROBERT LIBERTO M.D. 350						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	AR RWI	K ST.	HIGHLA	NDTOWN, MI	212	224.
	FEB 1 6 1983 Subjection		de maria				

Figer 1, 2, 3 should

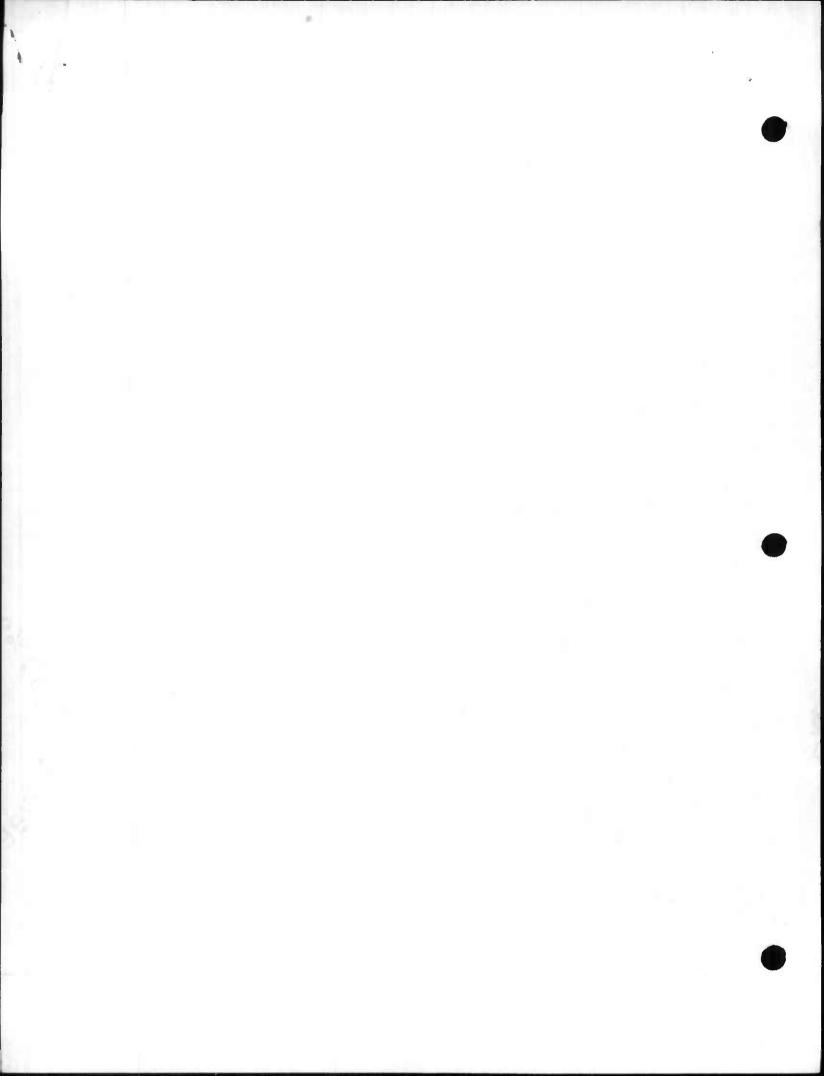
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



te be executed within 2 sician and completely prior to bunal, crematic traumatic event, th
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITA TO THE FUNERA THE WITHIN 72

	1 - STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND DEATH	MENTAL HYGIE REG. N		
	1. OECEDENT'S NAME (First, Middle, Last) HENRY L HOFFISON	0			2. DATE OF DEATH MONTH	DAY	3. TIME OF OEATH
	/-	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	11 9	BIRTHPLACE (State or Foreign
1 7	199189468 10KM20F	92 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give street and number)	هـ )	9b. CITY, TOWN	OR LOCATION OF D	10 24	99 sc. count	Maryland Y OF DEATH
R	Carroll County Cen	HOSD		minst			rroll
5	RESIDENCE OF DECEDENT					- Car	LIOII
DIRECTOR	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland Carroll		Taney				1 YES 2 NO
RA	and the same of th		10	1. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	3217 Bert Koontz Ro		13. WAS DEC	21787	NIC ORIGIN? (Specify		S.A.
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ecify Cuben, Mexico 2 X NO Speci	an, Puerto Rican, etc.)		Black, White, stc. Specify:
BY	3 🖾 Widowed 4 🗌 Divorced						White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON ost of working	16b. KIND OF I	BUSINESS/INDUS	STRY
Z.	Elementary/Secondary (0-12)  High School  College (1-4 or 5+)						
WC	17. FATHER'S NAME (First, Middle, Last)	Sales M	anager	19 MOTHER'S M	AME (First, Middle, Maid	ream Co	ompany
	George Harriso	n			y Agnes B		
BE	19s. INFORMANT'S NAME (Type/Print)		ADDRESS (Street		Route Number, City or 1		ode)
5	Mrs. Patricia Hamilton	3524	Ellen Dr	ive Wes	tminster,	Mary1a	and 21157
1	20a. METHOD OF DISPOSITION 1 St Burlal 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DATE	OF DISPOSITION (N				y or Town, State
	4 Donation 5 Other (Specify)	Crest La	wn Cemet		2/17 Ho	ward Co	ounty, Maryland
- 3	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	V,	Burri	ND AODRESS OF FA	Funeral	Directo	ors, P.A.21784
	Moglier My you	Heros	1212	West Old	Liberty	Road Wi	infield, MD
	23. PART i. Enter the disesses, or complications that c shock, or heert fallure. List only one cause	oused the deeth. Do on each line.	not enter the mo	ode of dying, suc	ch as cerdisc or rec	piratory scres	it, Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition	20-11					Onset and Death
	resoluting in dancing	P S1'S	5.				
-	(1)	eu moni					
흔	Companielly that conditions D.	AS A CONSEQUENCE O	F):				
8	CAUSE (Disease or injury	spiratio					
造	that initieted events DUE TO (OF resulting in death) LAST	A A CONSEQUENCE O	F):				
CERTIFICATION	d						
CAL	PART II. Other significent conditions contributing to de			g cause given in	Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	Congestive Hes	est dail	nec		1 _ YES	2452	COMPLETION OF CAUSE OF DEATH?
MEDI	Atricel 46	n lato	и '				1 TES 3 TO NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)		
₹ ¥	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ El 27. MANNER OF OEATH 286. OATE OF IN.	R/Outpatient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)		
	Natural 5 Pending (Month, Day,	Year) IN.	JURY WO	PRK?	28d. DESCRIBE HOY	V INJURY OCCU	REO
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	JURY At home, farm,			261. LOCATION (Street	et and Number or	Rural Route Number,
E	4 Homicide determined building, etc	. (эрвспу)			City or Town, Sta	ite)	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurr	ed at the time, date	and place, and due	to the cause(s) and n	namer as stated	
₩ O	one) 2 MEDICAL EXAMINER: On the basis of exert						
m o	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day, Year)
00	Hoper Cly with and	3		1410	アテ	•	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type	, Print)				
	KAJESH CHAWLA CA	OF GEATH (ITEM 27) (Types Y4-0 U Co	unty 9	en Ho.	sp.		
	31-DATE FILED (Month, Ony, Year)  32. REGISTRAR'S  100 1993	-Mandage	V				7.





BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The firm manner that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attentions to the property of the proper	DIF.	hou	IMPORTANT: If Item 28 is marked, or Item 28 shown any injury, or other traumatic event, the medical examiner must be notified at once.
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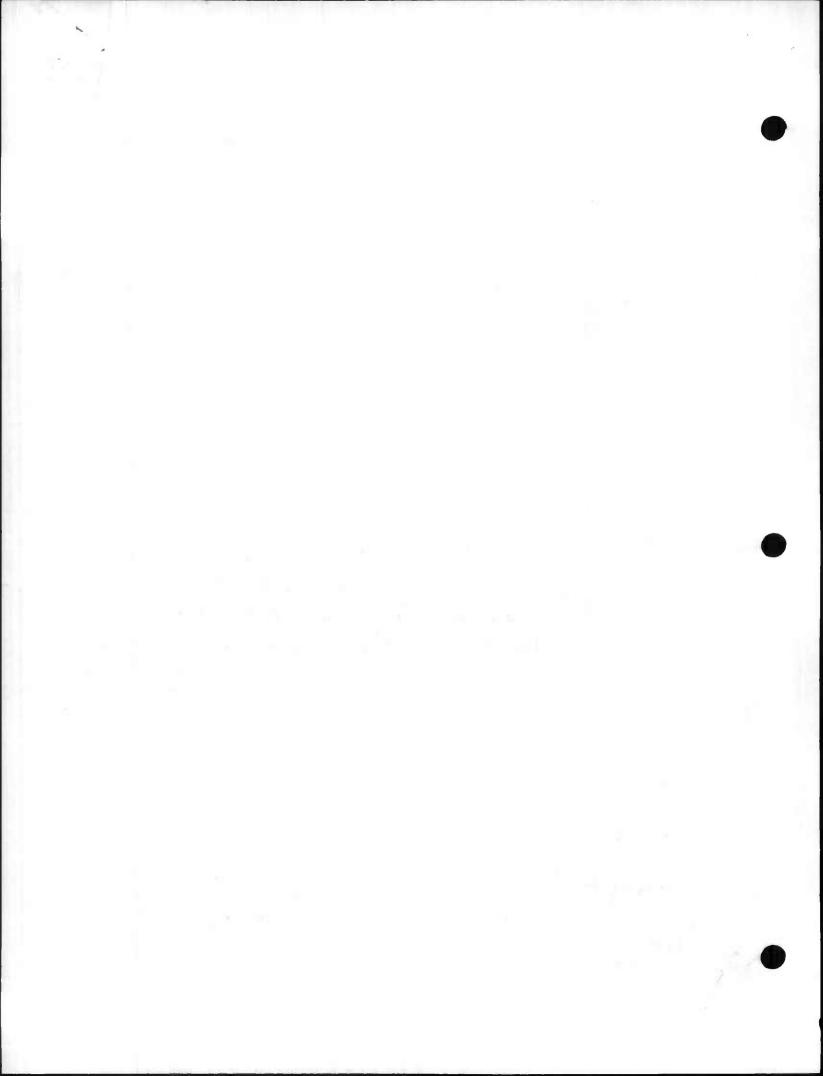
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ira Melvin Harrison, Jr. MONTH 02 1300 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-03-1371 1 X M 2 F 1/27/18 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll Co. General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Woodbine 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15751 Woodbine and Morgan Roads 21797 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 XXIO Specify: BY 3 🔀 Widowed 4 🗌 Divorced WW II White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 7th grade Truck Driver Howard County and State 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ira Melvin Harrison, Sr. Mamie Ungelsbee BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21797 2 Mrs. Barbara Jane Colson 15781 Woodbine and Morgan Roads Woodbine, MD 20e. METHOD OF DISPOSITION

1 (R Burisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Morgan Chapel Cemetery Woodbine, Maryland 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors, P.A. much over 1212 W. Old Liberty Rd Winfield, MD 21784 23. PART | Enter the diseases, or complications that caused the diseases, or heart failure. List only one cause on each line. th. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata IMMEDIATE CAUSE (Final Onset and Death disease of condition resulting in death) -Iver PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS ANAUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 100 1 U YES 2 010 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OSPITAL:
| Impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Anstural
2 Accident BY 1 YES 2 NO 28e. PLACE DF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do 296. SIGNATURE AND ATTOE OF CENTIMER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month ND 38212 93 2 12 2 30. NAME AND ADDRESS OF ERSD WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRE 151 w tst 542

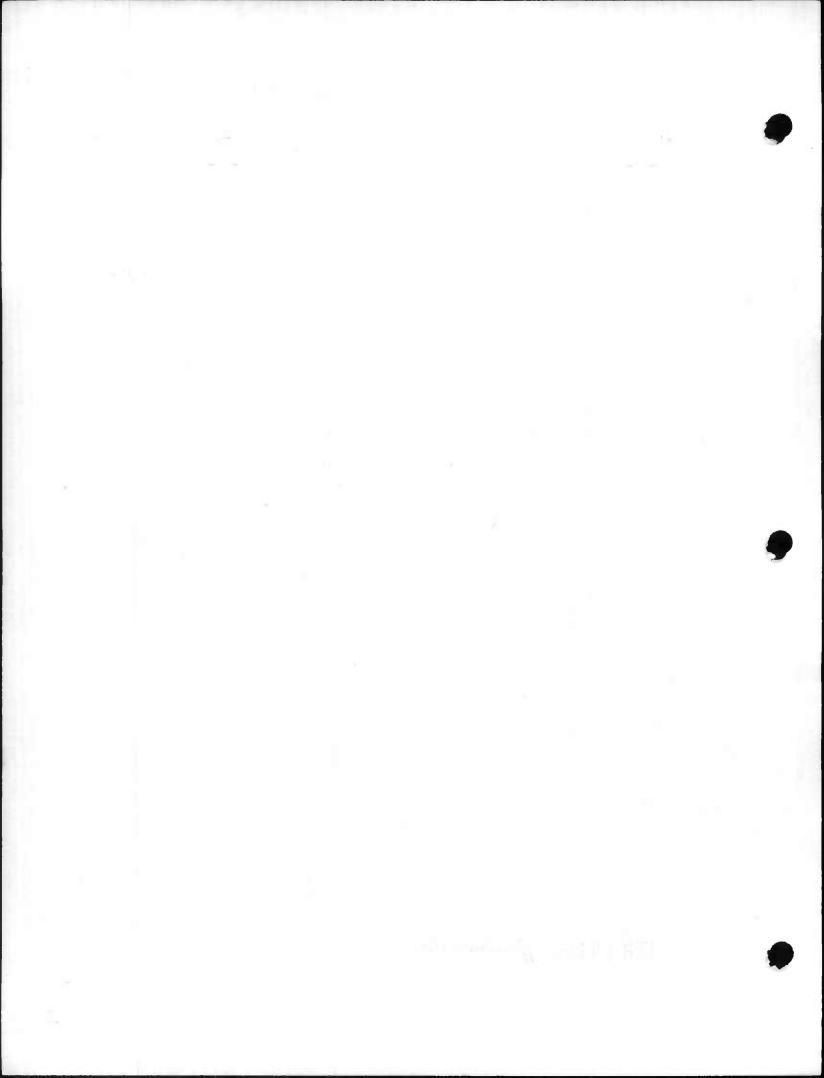
32. REGISTRAR'S SIGNATURE



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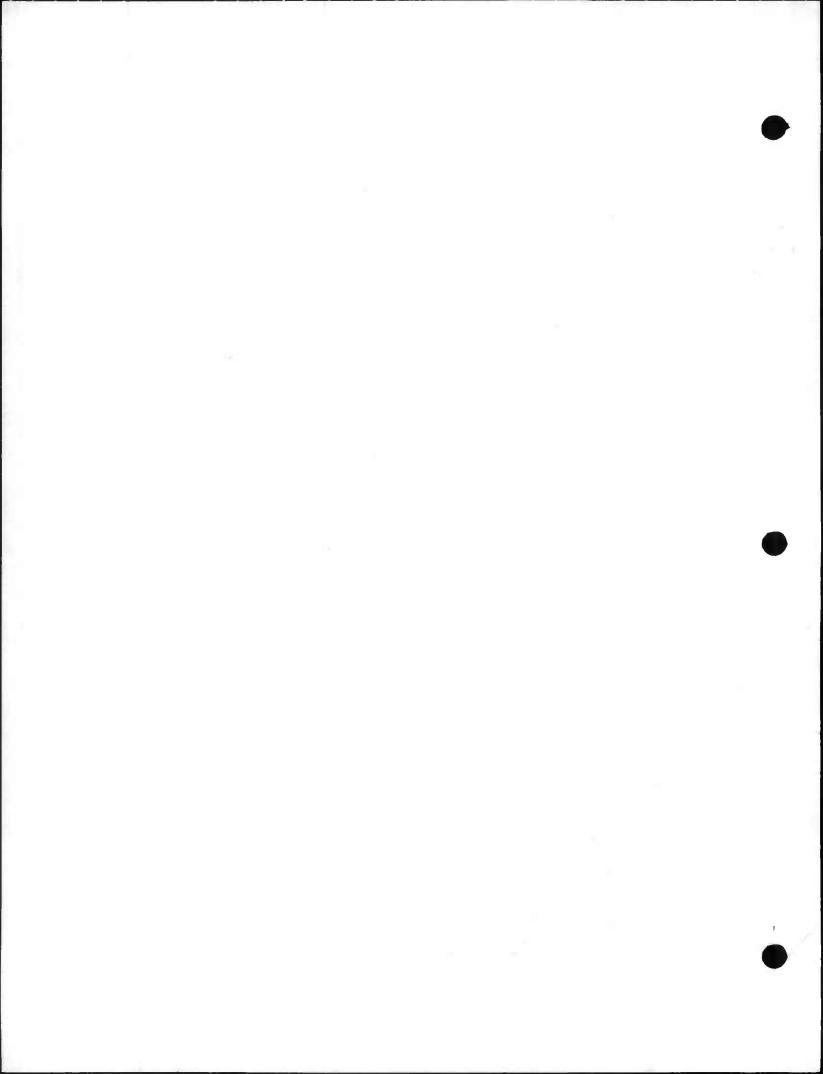
•	should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attention of the mount of the	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the attract permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECEDENT'S NAME (First, Mic	ddie, La-" Hel:	214	7-	debsk			138	100	2. DATE OF D MONTH	EATH DAY	MEAR	3. TIME OF DEATH A
	4. SOCAL SECURITY NUMBER	5. SEX	-	8. AGE (In yrs. le			VEIR	IF UNDER		7. DATE OF BI		10	MI IPLACE (State or Foreign
	219-12-5052			91		IF UNDER 1	DAYS	HOURA	MIN.	(Month, Dey,	3-1901	Count	ryland
ı	9e. FACILITY NAME (If not institu	ition, give street and n	umber)			9b. CITY, 1	FOWN (	OR LOCATIO	ON DF DE	ATH	9c. 0	COUNTY OF	
						Baltimore City							
					10c. CITY,	TOWN DR	LOCA	TION	0υ	erlea			10d. INSIDE CITY LIMITS? 1 YES 2 ND
							101	. ZIP CODE			10g.	CITIZEN DF	WHAT COUNTRY?
	6206 Hillto	p Avenue								21206		U.S.	A.
				13. WAS DECENDENT DF HISPANIC DRIGHT? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:  12. WAS DECENDENT DF HISPANIC DRIGHT? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)					k, White, etc.				
I	15. DECEDE	ENT'S EDUCATION ghest grade completed		16a. Di	ECEDENT'S L	SUAL OC	UPATIO	ON		16b. KIND	OF BUSINESS	INDUSTRY	
ı	Elementary/Secondary (0-12)		(1-4 or 5+)		live kind of wo . Do NOT use	retired.)	inng mo	ast of workin	g				
	8th Grade			f	lomemo	iker					Own	Home	
	17. FATHER'S NAME (First, Middle	,								ME (First, Middle		ne)	
	Joseph Kos	tkowski						Mar	y Ba	rtkowi	ak		
	19e. INFORMANT'S NAME (Type	/Print)		19	b. MAILING	ADDRESS	Street e	and Number	or Rural I	Route Number, Ci	ty or Town, State	, Zip Code)	
	Bernard Izo	lebski			3206 H	lillet	op	Aven	ue	Baltim	ore. Mo	arylar	d 21206
	20a. METHOD OF DISPOSITION 1 ◯X Buriel 2 ☐ Cremation	3 - Removal from	State	20b, PLACE other p	DF DISPOSI	TION (Nam	e of ce	metery, cren	natory or	17-1	20c. LOCATION	N — City or T	own, State
Į	4 Donation 5 D Other (Sp		17	St.	Stanis						Balt	imore,	Maryland
	21. SIGNATURE OF PUNERAC'S	W-F	2h			Du	da-		Fun	ieral H			lk, Inc. pland 21222
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):													
	PART II, Other aignificant	conditions contri	nution to a	deeth hut est	annutation la	Ab	44-2-		-1	na. La	WAS AN AUTO	T	
	Hemati Type 11 T Left H	Diaber Diaber		- Die		mt	101	led		10	PERFORMED?		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
1	25. WAS CASE REFERRED TO N EXAMINER?	HOSP				OTHER		LACE DF D	EATH (Ch	neck only one)			
	1 YES 2 NO			ER/Outpatient	3 DOA	4 🗆 Nursi	ng Hor		esidence	6 Other (Spe			
27. MANNER DF DEATH  28a. DATE DF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 ND  28d. DE\$CRIBE HOW INJURY OCCURED  1 NO YES 2 ND													
		uld not be ermined	building, e	FINJURY — At h	ome, farm, si	treet, facto	ry, offi	ce		28f. LOCATION City or Tox	N (Street and Nu wn, State)	mber or Rural	Route Number,
	anal	YING PHYSICIAN: To											(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF	22	76	50	<u></u>	-	_	29c, LIC	ENSE NU	MBER 195	5 29d.	DATE SIGNE	(Month, Day, Year)
	30 NAME AND ADDRESS OF P	Elon	MI	DF	SK		di	cal	Co	nte	BA	50	21224
	FEB 1 6	statement of the	REGISTRA	S'S SIGNATURE	Brokes								_/_



POLITICA POLITICA DE LA CONTRACTOR DE LA	tach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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_	REGISTRAR		CI	ERTIFIC	CATEO	F DEATH	F	REG. NO.			
ij	1. DECEDENT'S NAME (First, Middle, Last)	EVERETT	C.	INGLES	2		2. DATE OF MONTH FEBRU	E) A)	3 1	YEAR	3. TIME OF DEATH 8:40 A. M
i	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les						13,1		
	281-05-3585	XX M 2 F	77		IF UNDER 1 YEAR		7. DATE OF (Month, D. FEB.	BIRTH 9, 16er) 9,191	16	OH.	
	Sa. FACILITY NAME (If not institution, give st	reet and number)		- 1	b. CITY, TOW	OR LOCATION OF D		,		INTY OF D	EATH
DIRECTOR	BON SECOURS EXTEN	NDED CARE			ELLI	COTT CIT	Y		HOW.	ARD	
E	10s. STATE 10b. COUNTY			10c, CITY.	TOWN OR LOC	ATION				_	10d. INSIDE CITY
	MARYLAND HOWA	ARD			KESVI						LIMITS?
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CI1	IZEN OF V	WHAT COUNTRY?
5	14300 OLD FREDE	ERICK ROAD	D			21784				U.S.A	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes	or No-		E — American Indian,
BY	1 Never Married 2 Married 3 XXVIdowed 4 Divorced	IF YES, GIVE WA		,		specify Cuben, Mexica ES 2XXNO Specifi		n, etc.)		Speci	k, White, etc.  #y: WHITE
	15. DECEDENT'S EOUC	CATION	16a. OE	CEDENT'S U	BUAL OCCUPA	TION	16b. Kil	NO OF BUS	INESS/IN	DUSTRY	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(G	live kind of wo . Do NOT use .	rk done during retired.)	most of working					
릴	12			ENGINI	EER		DEF	ENSE	IND	USTRY	7
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				0.0.2.(.)	
	COOLEY BURR		INGLES			CHI	RISTIN	E DI	JRKE:	S	- 4
BE	19a. INFORMANT'S NAME (Type/Print)				DDRESS (Street	t and Number or Rural I					
임	DONNA BEHE (DAUG	GHTER)									D 21794
	20a, METHOD OF DISPOSITION				OISPOSITION		OATE			City or To	
	1 Buriel 2XXCremation 3 Remo	ovel from State	cemetery cre	matory or other			17/93			•	
- 1	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 GIETK	O CKE		ANO ADDRESS OF FA		CAI	LUNS	V TTTI	E, MARYLAND
	Lusseece	1 1	Le		LERO	Y M. & RU	SSELL				NERAL HOMES
$\neg$	23. PART I. Enter the diseases, or c	omplications that	caused the de	eath. Do no	enter the n	TWIN KNO	LLS KU	AD, CC	JLUM.	RIA L	1D 21045
	shock, or heart failure. I	list only one caus	e on each line	),		.oco or ayang, oco	ii as cardiac	or reapin	atory at	reat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition )									Onset and Death	
	resulting in death)	DUE TO (C	OR AS A CONSE	OUENCE OF:	1171	e win					
_		FIN	POD	ha 1-	For	12-					i 1
δ l	Sequentially flat conditions,	DUE TO (C	OR AS A CONSEC	OUFNCE OF:	Eve						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										1
윤	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	QUENCE OF):							-
E	resulting in death) LAST										
빙		·									
4	PART II. Other significant conditions	contributing to d	eath but not r	esulting in	the underly	ng cause given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	no	(0					1	PERFORM			AMJLABLE PRIOR TO COMPLETION OF CAUSE
ᇦᅵ	1130	V					_   '				OF DEATH?
-							- 1				1 TES 2 NO
٤١	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	ack only one)				
PHYSICIAN: MI	EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outputtent 3		THER:	1000					
ΞI	27 MANNER OF DEATH	28a. DATE OF IN		28b. TIME		NURY AT	28d. OEŞCRI		HIRY OC	CHIBED	
	Justurei 5 Pending	(Month, Day,	Year)	INJUF	Y \	VORK? YES 2 NO		OL 11011 110	00111 00	COTTLE	1
À A	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At ho	me term str			28f. LOCATIO	M (Stead or	ad Mumba	a na Dural I	Parida Mumbas
COMPLETED	4 Homicide 8 Could not be	building, et	c. (Specify)	, ruini, ett	ot, factory, or		City or Ti	own, State)	NU NUMBE	r or Humil F	Nouve Number,
ן ב	29a. CERTIFIER CERSFYING PHYSIC	JAN: To the best of m	ry knowledge, de	ath occurred	et the time di	te and place, and due	to the owner	\ and man		and .	
Ž	(Check only 2 MEDICAL EXAMINER										) and manner as stated
- 11	IND SIGNATURE AND TITLE OF CERTIFIER				, .,			,			,
H H	A CONTINUE OF CERTIFIER					29c. LICENSE NUN	MBER		29d. DA1	E SIGNED	(Mortel Cay, Year)
임	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) /Time 0	rinti	12111			- 1	110	113
	HIA OKE :	3470 OIN	1105	Co	TEH 1	n 10	3 8	-	no	27	240
	FEB 1 6 1993	32. REGISTRAR	'S SIGNATURE	E.							
	, <u></u> ;			PTE CONTRACTOR		Age of the same of					

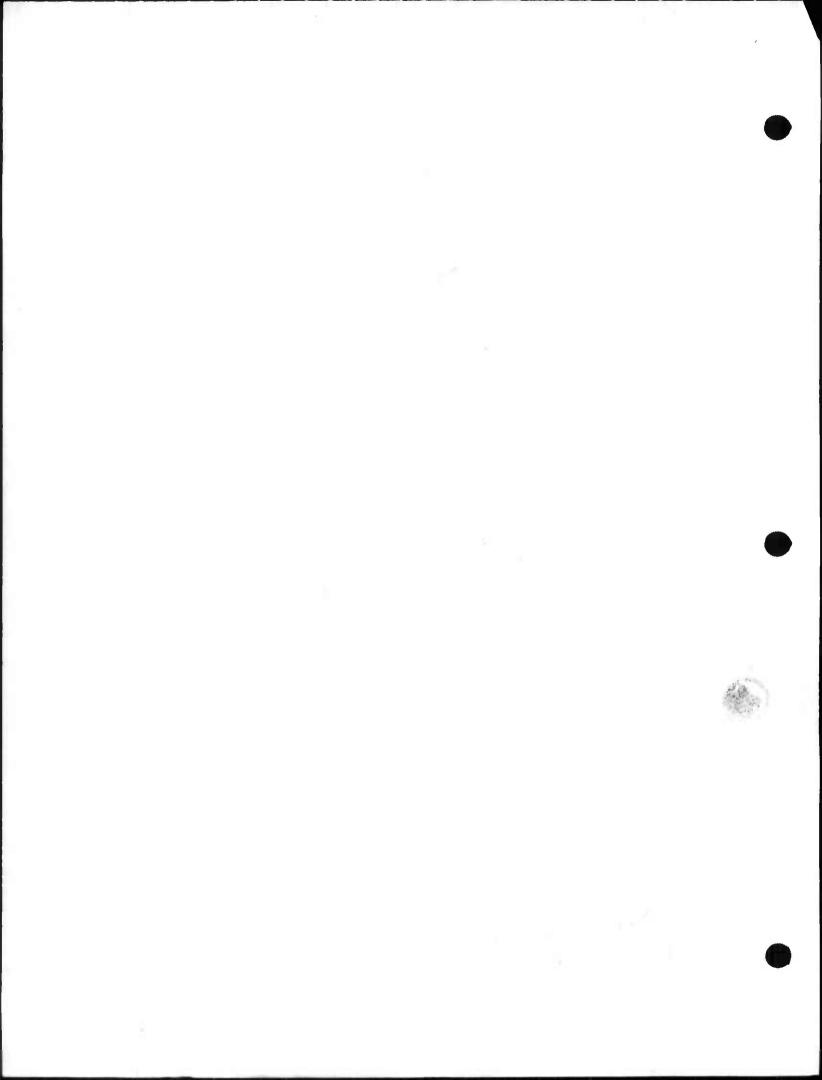


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	1 -	FOR STA REG		RAR
	1. [	DECEDI	ENT'S	NA
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	H REG. N	Ю.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Ronald		To		MONTH	TAY YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	7.0	nes	02 6	1993	1:22 A.M
	TO GOOD SECOND TO HOMBER		1 and MC	UNDER 1 YEAR IF UNDER 24 HITHS DAYS HOURS	MRS. 7. DATE OF BIRTH (Month, Day, Year)	6. BIRTH	IPLACE (State or Foreign
		1 M 2 D F	42 YRS.		5-16	- 59 /	Nd
	9a. FACILITY NAME (If not institution, give sti	reet and number)	9	. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF D	EATH
<u>ب</u>	2532 Cecil Av			D 11.	-1.		
KI	RESIDENCE OF DECEDENT	renue		Baltimore	City		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOGATION	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY
5	Md		1 /3	001			LIMITS?
51	10e, STREET AND NUMBER		10	00.0			1 YES 2 NO
₹	TO CONTROL OF THE PARTY OF THE	0 0		10f. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	2332 (evil	MI		2/2	18	11.50	چر
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify		- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			Mexican, Puerto Rican, etc.) Specify:	Bleci	c, White, etc.
B	3 Widowed 4 Divorced		DATES	T TES 2 10 NO	Specify:	Speci	1300K
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	IIAL OCCUPATION	THE KIND OF		132201
	(Specify only highest grade of			done during most of working	100. KIND OF E	USINESS/INDUSTRY	
ا دّ	Elementary/Secondary (0-12)	College (1-4 or 5+)	9 1 1	1 6	d . 1	n./ C	oro
불	Elementary		mausi	ial Egine	Len !		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1		18. MOTHE	R'S NAME (First, Middle, Maid	en Surname)	1 .
	MARION	HONES		ilea	N FRAR	1 01	STIM
H	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING AG	DRESS (Street and Number or		11-	3/ //
2	11101115	BROOKS	3 (- 2			own, State, Zip Gode)	1
	2000	TONBURD	22 4	1 DEN	V150N	1321/0.1	24;
	20a METHOD OF DISPOSITION  1 Burlei 2 Cremetion 3 Remo		Db. PLACE AND DATE OF		OATE 20c.	OCATION - City or To	wn, State
	4 Donation 5 Other (Specify)		metery, crematory exother	VARY	2/15	4, P. C10	NIN MC
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	<u> </u>	22. NAME AND ADDRESS	OF FACILITY		
	1 1	01	0	0 1 5	1 11		2 4-1 1-
	Jack B	"Locks	. 7	Locks DU	neral Hazel 1	30411	entral G
	23. PART I. Enter the diseases, or co	omplications that caus	ed the death. Do not	antar the mode of dying	, such as cardiac or res	Diratory arrest.	Approximate
- 1	shock, or haart failure. L	let only one cause on	aach lina.	1			Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	63 V	()	11.0	_1		Onset and Death
	resulting in death)	. on Da	aenno	NON CON	rowhop	6	
1		DUPTO (OR AS	A CONSEQUENCE OF:	1			
z		Ku	prosed	1 more	700 60510	Du.	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	Cover C	The state of the s	0,000	
ξI	cause. Enter UNDERLYING						
윤	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):				
EI	resulting in death) LAST						i
英	d						
- 11	PART II. Other significant conditions	contributing to death	but not regulating in a	he underlying cause also	on in Book I as uno		1
EDICAL		Contributing to death	but not readining in	na underlying causa giv		N AUTOPSY 24b. ORMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	Tally !	200	1		187ES	2 NO	COMPLETION OF CAUSE OF GEATH?
	- Supertans	NE Co	volDia	Daylas 7	NS.		DES 2   NO
3 I				,		4	100
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL						
ᅙᆘ	EXAMINER?	HOSPITAL:	0	28. PLACE OF DEAT			
Z		1 Inpatient 2 I ER/Ou	tpatient 3 DOA 4	Nursing Home 5 Resid	lence 6  Other (Specify)		
ᅔᆘ	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)		F 26c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending investigation	(Workin, Day, Ibar)	INJUN	WORK?  M 1 YES 2 N	10		1
ă	2 0 2 1 1 1	28a. PLACE OF INJUS	IY At home, term, street	at factory office	004 1 00471041 (Otto		
COMPLETED	4 Homicide 6 Could not be	building, etc. (Sp	ecify)	.,, ,	City or Town, Sta	t and Number or Rura! A e)	oute Number,
<u></u>							
ᆲ	29e. CERTIFIER (Check only	IAN: To the best of my kno	wiedga, death occurred a	t the time, date and place, ar	nd due to the causals) and m	anner as stated	
≅ I	one) 2 MEDICAL EXAMINER	: On the basis of examinat	on and/or investigation, i	n my opinion, death occured	at the time date and piece	and due to the councie	and manner as etimed
ರ 🎚						doe to the cause(s	
H H	296. SIGNATURE AND TITLE OF CENTIFIED	The		29c. LICENS	E NUMBER	29d. DATE SIGNED	(Month, Day, Year)
	1000	X		0.0	C.M.E.	02/1	1/1993
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	N()		02/1	-1-275
	(Mun)	XPN			2 - 2 - 2	M	1 01000
	31, DATE EILED (Month Day Year)	1.32 EGA DADE OF	renn	Street, E	saltimore,	Marylan	d 21201
	FEB 1 6 1993	A 22 DESTANCE OF	Michigan				
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<b>BALTIMORE, MARYLAND 21215</b>	
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DIVISION OF VITAL RECORDS, P.O. BOX

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MISSIAN CONTINUING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAR MEDIAN. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	De nied when it is now series death with the state Dept. or health and mental hygiene prior to bunda, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.C	TO THE HIGH TALL TO MITTENDING PHYSICIAN: The law requires that the death cer	TO THE FLINERAL MELTINA. After this certificate has been signed by the attending	De Ried Within & many enter Death With the State Dept. of Health and Mental Hygi	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or o

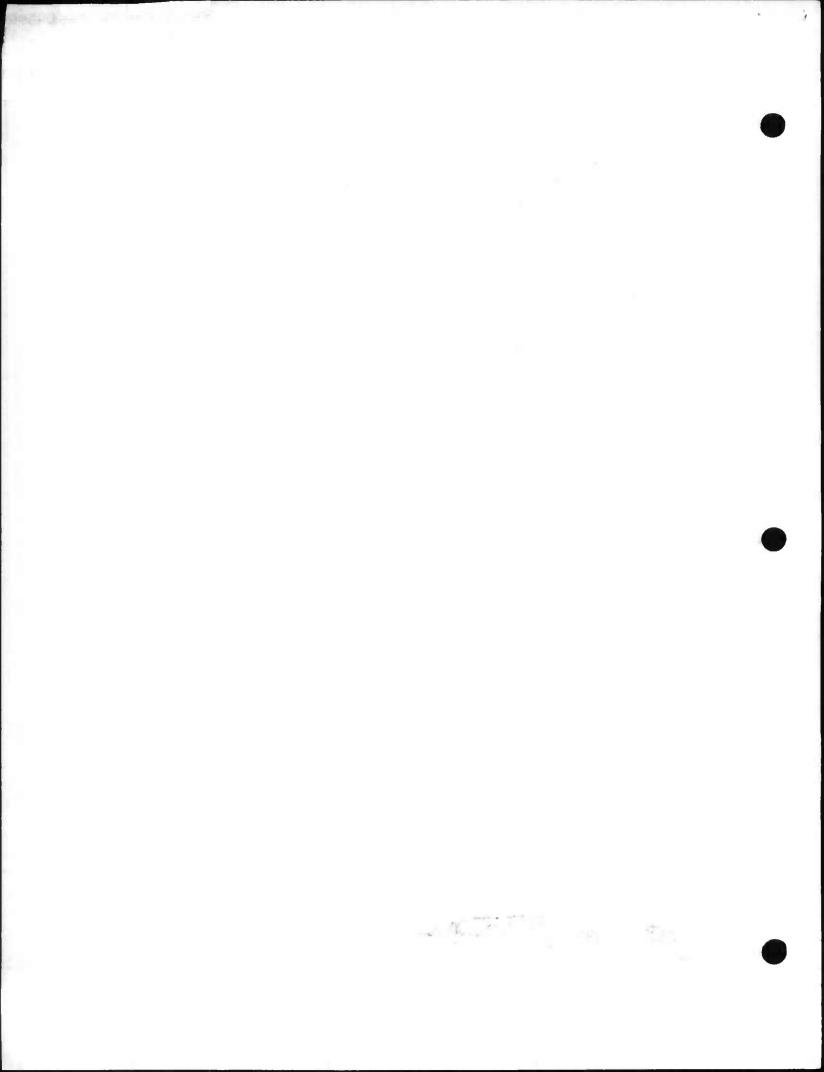
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						CALL		DEA		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ROSALIE T. JONES										AY YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5	, SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	219-26-4312		□ M 2 🕞 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) April 29,	38	Countr	
	9e. FACILITY NAME (If not institution	ion, give stree	t end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	INTY OF D	EATH
DIRECTOR	University	Hosp:	ital				Balt	imor	е		Ba1	timo	re City
ן ה	RESIDENCE OF DECEDE	ENT.			T 40. OIT	V 70401		71011					
<u>E</u>			2.2		10c, C11	Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Can	rroll		1		_	tmin					1 YES 2 NO
RA	2518 Neudeck	ker Ro	had				10	f. ZIP COD	1157		10g. CIT		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		2. WAS DECEDENT				Щ.						S.A.
	1 Never Married 2 1 Marri		FORCES? 1	YES 2 X			If yes, sp	ecify Cube	m, Mexicar	IC ORIGIN? (Specify Yer i, Puerto Rican, etc.)	or No—	14. RACE Black	— American Indian, r, White, etc.
B	3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES			1   YES	5 (X NO	Specify			Speci	•
	15. DECEDEN	NT'S EDUCAT	ION	16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	White
	(Specify only high Elementary/Secondary (0-12)		mpleted) College (1-4 or 5 +		Give kind of a 6. Do NOT us	work done	during mo	ost of worldi	19	0.41580.45808	2010/02/2019	2552	
립	12 Years			_	Secr	etar	v			Was	tino	hous	
COMPLETED	17. FATHER'S NAME (First, Middle,	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NAM	ME (First, Middle, Maiden		House	
BE C	Edward		Kelly		Rosalie				Rosalie	Cu11	otta		
	19a. INFORMANT'S NAME (Type/Pr			1.	9b. MAILING	ADDRESS	S (Street e	and Number	or Rural R	oute Number, City or Tow			
2	Mr. Bernard Jo	ones			2518	Neud	deck	er R	oad	Westmins	ter.	MD	21157
	20a. METHOD OF DISPOSITION		14		AND DATE		SITION /No	ame of				City or To	
	1 12 Burial 2 Cremation 3 Removal from State					crematory or other place) View Memorial Park 2/15					Sykesville, Maryland		
	21. SIGNATURE OF FUNERAL SEF	RVICE LICEN	SEE		10	22.	NAME A	NO ADDRE	SS OF FAC	H ITY			
	▶ Ste	01	ren	mo	nk	8.	728 728	g by	ers i	Funeral Di Road Rand	rect	ors,	inc.
	23. PART I. Enter the diseas	sea. or con	nplications that	caused the d	eath. Do r								MD 21133
	shock, or heart	fallure. Lis	t only one caus	e on each lin	a.					. 40 0410100 01 1042	ratory at	1001,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition		e Comi	1	1							Onset and Death	
	resulting in death)	<b>a.</b> _	OUE TO	OR AS A CONS	EQUENCE OF	M/101	USI	~					4003
z					,								į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO (	OR AS A CONSI	EQUENCE O	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	2 .											
	that initiated events		DUE TO (	OR AS A CONSE	EOUENCE O	F):							
H	resulting in death) LAST	d											
	PART II. Other algnificant co	onditiona d	contributing to	death but not	resulting	In the ur	derivin	a cause o	niven in i	Part I. 24s. WAS AN	ALITOPSY	246	WERE AUTOPSY FINDINGS
EDICAL							,			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 D YES 2	□ NO		OF DEATH?
								_		- 1			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEI	DICAL					26 04	ACE OF D	EATH (Cha	ck only one)			
PHYSICIAN: N	EXAMINER?	Н	IOSPITAL:	EB/Outpetient	2 □ ₽04	OTHER	₹:	- 50		9-1-7			
Ĭ	27. MANNER OF DEATH		260. DATE OF		28b. TIM		-	URY AT	sidence	Other (Specify)  28d. OESCRIBE HOW I	N.BIRY OC	CHBED	
	1 Natural 5 Pendi	ling tigation	(Month, De	y, Ybar)	IN	URY	WC	PRK?	NO			OUTLE	
BÝ	2 Suitable	d not be	28e. PLACE OF	INJURY - AI h	ome, farm,	street, fact			-	26f. LOCATION (Street	and Numbe	r or Rural F	loute Number
COMPLETED		mined	building, o	Mc. (Specify)					- 1	City or Town, State)			
۳	29a. CERTIFIER 1 CERTIFYIN	NG PHYSICIA	N: To the best of	mi knowleden d	leath seems	. 4 . 4 . 4			5579	to the cause(e) end man	era zan es		
Ā													) and manner as stated.
8	250. BIGHAPURE AND TITLE OF C					-	pillion, 0						
BE	290 SHOW STORE AND TITLE OF C	Lemmen		0				29c. LICI	ENSE NUM		29d. DAT	E SIGNED	(Month, Day, Year)
၉	30. NAME-AND ADDRESS OF PER	ON WHO O	OMBI ETTO CALL	ident 1	my sich	in.		F	3439	06		2/12	-193
	A VIV		() MM				Carlo I	. 61		Balto , M	12	314	21
	31. DATE FILEO (Morth, Dan Voar)	16 /	32. REGISTRAF		22 5	. (71	en	2	7 1	Sallo , P	NO.	2121	0 (
	31. DATE FILEO (MONTO, DEN 1881)	3 1		n-Randa	عد								
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03550 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OV LUCILLE HOPKINS JEWS 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 1 M 2 DAYS BALTIMORE, MD. 4/26/1924 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Da. FACILITY NAME (# BULLINOR MO 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDEN 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 913 VALLEY ST 21202 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Marri BY Specify. 3 🖔 Widowed 4 🗌 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION secily only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last. 18. MOTHER'S NAME (First Middle Maiden Surname) To JAMES EDWARD HOPKINS ROSELLA HOPKINS BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RGSIE CAMPBELL 2930 COLDSPRING LANE, BALTIMORE, MD. 21215 executed within 24 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 ➡ Burtal 2 ☐ Cremation 3 ☐ Rei 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE must 1 → Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify) funeral director. tery, crematory or other place)
ZION CEMTERY 2/13/93 LANSDOWN, MARYLAND examiner 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SER, P.A. 1300 EUTAW PLACE, completely filled in by the rial, cremation, or removal. BALTIMORE, MD. 21217 medicai 23. PART I. Enter the diseases, or complications that p used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial, (augmm 4 CERTIFICATION the attending physician and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 200 cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 00 by the atten injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? SCIZU 00 shows any been signed of 1 | YES 2 | (NO 1 | YES 2 | NO SWE 23 State Dept. has 25, WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) Hell THE HOSPITAL DR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate I fled within 72 hours after death with the State HOSPITAL:

1 Shpetient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 4 - Nursing Ho 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 4 Homicide 28 Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II (Check only one) MEDICAL EXAMINER: On the besis of examination and/or in vestigation, in my opinion, death occured at the time, date and place, ar 29d. DATE SIGNED MATERIAL 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Pr St. Paul Plan Bull MO



1 - STATE REGISTRAR		STATE OF MARYL	AND / DEPAR Certif				MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)	Helen	May	John		LAIII	2. DAT		-8-93	3, T/0	E OF DEATH
4. SOCIAL SECURITY NUM	en	1 20 MM	son				MON	9 8	9	3 6	: 25 P. M
		SEX 6. AGE	(In yrs. last birthday)	IF UNDER		F UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)	8.	BIRTHPLACE Country)	(State or Foreign
216 01 235	) I A		8 3 YRS.					-5-1909		Maryla	ınd
9a. FACILITY NAME (If not in	nstitution, give street	and number)		9b. CITY,	TOWN OR	LOCATION OF	DEATH		9c. COUNTY	OF DEATH	
DI JOSA	eph H	OSPITAL			00	160	n		1	OM 2	0 n
10a. STATE	10b. COUNTY		10c, CIT	Y. TOWN O	R LOCATION	N				104 8	NSIDE CITY
Maryland	Dal+im	ore County	0-	ml= =		_				L	IMITS? YES 2 NO
10e. STREET AND NUMBER		lore County	1 00	скеу	svill	P CODE			10n CITIZEN	OF WHAT C	
277 Lord	Byron	Lane T-3			10				log. Officer	TOF WHAT C	OUNTRY
11. MARITAL STATUS		. WAS DECEDENT EVER I	N U.S. ARMED	113 V	AMS DECEM	21030		GIN? (Specify Yes o	US		erican Indian,
1 Never Married 2 3 Widowed 4 Dive	Married	FORCES? 1 YES	2 NO	н	f yes, specif	y Cuban, Mexic	can, Puert	o Rican, etc.)	14.	Black, White	hite
	EDENT'S EDUCATI		16a. DECEDENT'S	USUAL OC	CUPATION		10	6b. KIND OF BUSII	VESS/INDUS	TRY	
(Specify online Elementary/Secondary (f	ly highest grade com 0-12) C	pleted) ollege (1-4 or 5+)	(Give kind of life. Do NOT u	work done d	during most o	of working		Food In			
5			Resta	urant	t			rood In	austi	Y	
17. FATHER'S NAME (First, M	liddle, Last)				1	B. MOTHER'S N	AME (First	t, Middle, Maiden Sc	ımame)		
William W	. Taylor	:				Louis	a Ma	y Schlul	baum		
The DECOMANT'S NAME (	Type/Print)		19b, MAJLING	ADDRESS	(Street and	Number or Rura	l Route Nu	mber, City or Town,	State, Zip Co	ode)	
206. METHOD OF DISPOSIT	ION	200	PLACE AND DATE	ne nieposi	ITION /Nama	of		TE 20c. LOCA	TION CIN	or Town, Sta	
1 Deurisi 2 Crematic	(Specify)	from State Cen	netery, cremetory or o	ther place)				200.000	City	or lown, su	
21. SIGNATURE OF FUNERA	IL SERVICE LICENS	TRonald W	ade, Dir			ADDRESS OF F		State i		my Boa	.rd
Tonked	1100	unce	2/9/93					St, Balt		21201	
23. PART I. Enter the d shock, or h	iseáses, or com eart fallure. List										Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in death)		End.	stage	N	nal	fai	lune	an	d		Onset and Death
Tooland III double		DUE TO (OR AS A	CONSEQUENCE O	F);							
eranicas comunication constitu	, b	linere	and in	mit	0 0	an gh	nu	,		į	
Sequentially list condit if any, leading to imme		DUE TO (OR AS A	CONSEQUENCE O	F):		0					
CAUSE (Disease or Inju										ļ	
that initiated events		DUE TO (OR AS A	CONSEQUENCE O	F):							
resulting in death) LAS	d										
PART II. Other aignifica	nt conditions co	ontributing to death b	ut not resulting	in the un	deriving c	suse alven i	n Part I	24a, WAS AN AI	ITOBEY	Total Webs	AUTOPSY FINDINGS
- 30					activing c	acce given i		PERFORM		AVAILA	BLE PRIOR TO
								1 TYES 2	NO	OF DE	ETION OF GROSE
								1		1 🗆 1	ES 2 NO
25. WAS CASE REFERRED T	n MEDICAL				00.7						
EXAMINER?	H	OSPITAL:	Gerona – Cam	OTHER	i:	E OF DEATH (C					
t YES 2 NO	11	Inpatient 2 ER/Outp				5 - Residence					
	Pending	(Month, Day, Year)	28b. TIM	URY	28c. INJURY WORK	?	28d. D	EŞCRIBE HOW INJ	URY OCCUR	ED	
E recentering	Investigation	28e. PLACE OF INJURY	At home down	- "		2 NO					
	Could not be determined	building, atc. (Spec	= A nome, term,	street, racto	эгу, опіса		CA	CATION (Street and ty or Town, State)	i Number or I	Rural Route No	imber,
29a. CERTIFIER (Check only	TIFYING PHYSICIAN	: To the best of my know	ledge, death occurr	ed at the tir	me, data an	d place, and de	e to the c	ausola) and mann	or an stated		
		n the basis of examination								ause(a) and m	hetete es venne.
29b. SIGNATURE AND TITLE											
notion.	1 M	1. P.	m	7	21	C. LICENSE NO	MBER	V	Zad, DATE SI	IGNED (Month	Day, Year)
30, NAME AND ADDRESS OF	F PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (S	Delevis	1- /	N 17	50	2/1	W 3	10/	1)
NATIVID	AD	D. DE	LEON	r C	10 5	7-20! WSON	SEI	MD,	2/2	TAL	
FEB 12 19		32. REGISTRAR'S SIGN	ATURE		1			, - /	,	/	

BALTIMORE, MARYLAND 21215-0020

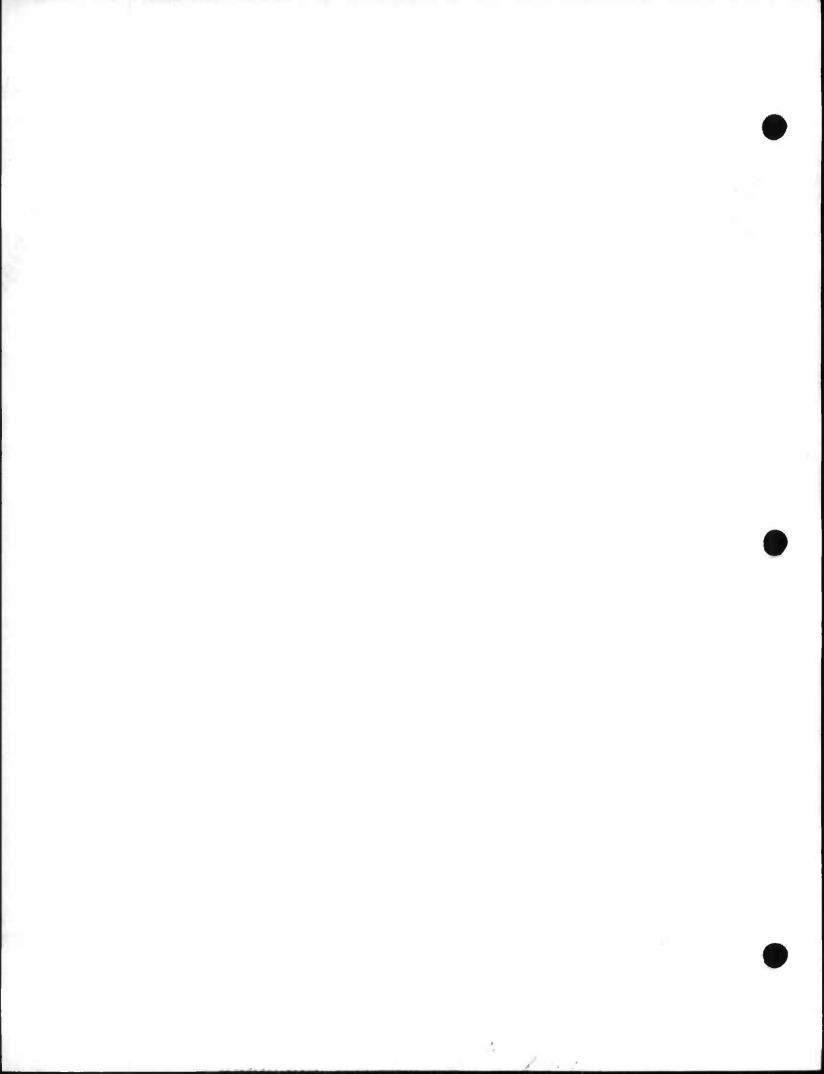
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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VIVISION OF VITAL RECORDS, P.O. BOX 68760,	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

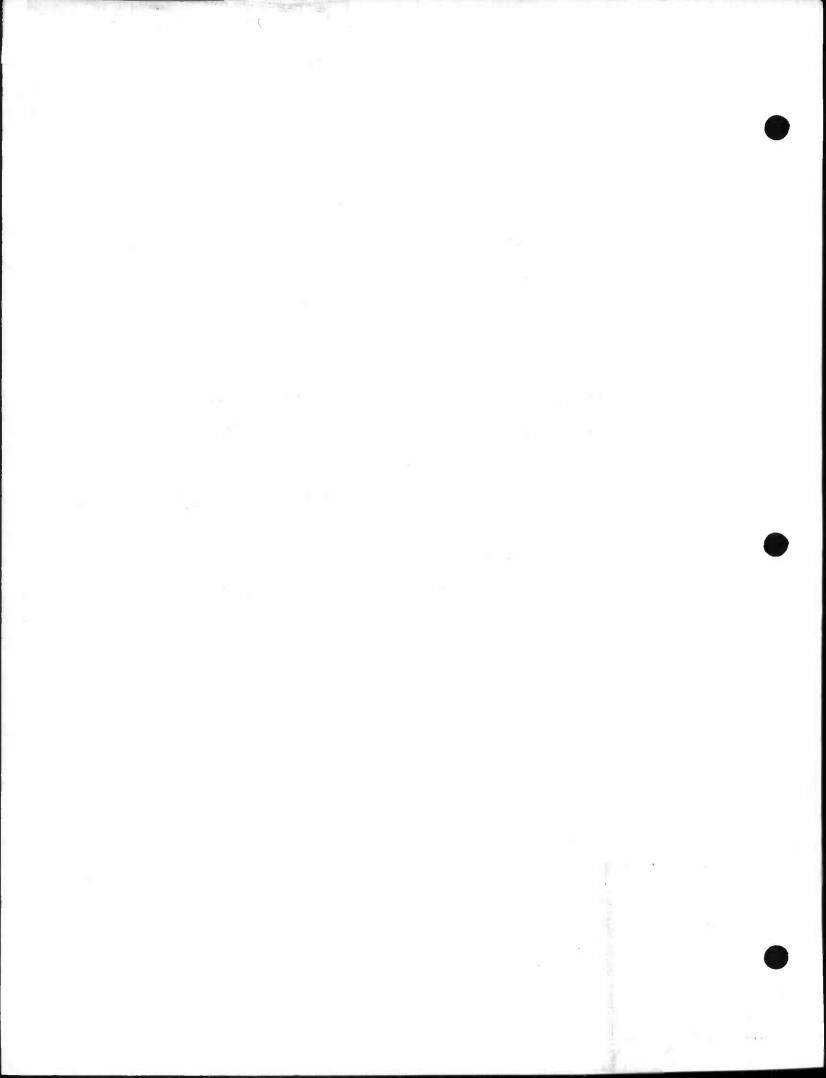
	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E	93	0355
	1. DECEDENT'S NAME (First, Middle, Last)  Marie Elizabet	th Kerr			2. DATE OF DEATH	Y 000	YEAR 3.	TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	net hirthday) IE (BIDE	R 1 YEAR IF UNDER 24 HRS.	Feb. 10,		DISTUS A	CE (State or Foreign
	216-28-8337	1 □ M 2 🟋 94	YRS. MONTHS	DAYS HOURS MIN.	Nov. 15,	1898	Mary	land
TOR	99. FACILITY NAME (If not institution, give st  4 Hammen Avenue RESIDENCE OF DECEDENT	reef and number)	9b. CIT	y, town or location of Timonium	DEATH 9c. COUNTY OF Balti			
DIRECTOR	10e. STATE 10b. COUNTY	imore	10c. CITY, TOWN	OR LOCATION	-		1 1	I. INSIDE CITY LIMITS? YES 2X NO
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZI		COUNTRY?
IER.	4 Hammen Av	renue		21093		US.	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISP. If yes, specify Cuben, Mexi- 1 YES 2 XNO Specific	en, Puerto Rican, etc.)	or No— 1	14. RACE — Black, Wi Specify: Whi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			during most of working	16b. KIND OF BUS			
NA.	17. FATHER'S NAME (First, Middle, Last)	T	Recepti		Nur	sery		
	Clinton C.	Penn			ah Euler	Sumame)		
) BE	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDRES	SS (Street end Number or Rura		n, State, Zip C	Code)	
5	Mrs. Betty K. Mit	chell :chell	4 Hamme	n Avenue, T	imonium, MD	2109	3	
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State    1 th Burlel 2 Cremetion 3 Removal from State   Cremetory or other piece)   Parkwood Cemetery   2/13/93 Parkville, MD							
	21. SIGNATURE OF FOVERAL BERVICE	you. Clary		. NAME AND ADDRESS OF F				
-	bryan W.	Clary		Lemmon-Mitcl 10 W. Padoni				21093
	IMMEDIATE CAUSE (Finel disesse or condition	list only one cause on each lin	death. Do not ante	r the mode of dying, su	ch sa cerdisc or respi	ratory arre	st,	Approximata interval Between Onset and Death
ITIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  Adult onset diabetes mellitus – non-insulin dep.  DUE TO (OR AS A CONSEQUENCE OF):  CHF  C.  DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in death) LAST	l						
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant condition	contributing to death but not	resulting in the u	inderlying ceuse given i	n Part I. 24a. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS IRLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	thack anh one)			
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 Nu					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCU	JRED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	nome, ferm, street, fac	ctory, office	28f. LOCATION (Street & City or Town, State)	nd Number o	r Rurel Route	Number,
COMPLET		CIAN: To the best of my knowledge, on the basis of examination end/or						d manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		\	29c. LICENSE N	JMBER //	29d. DATE	SIGNED (Mo	nth, Day, Year)

COMPLETED CAUSE OF DEATH UPEM 27) (Type, Print) Donald O. 2 Greenmeadow Drive, Timonium, MD 21093 Wood,

29c. LICENSE NUMBER

FEB 16 1993 6 1993

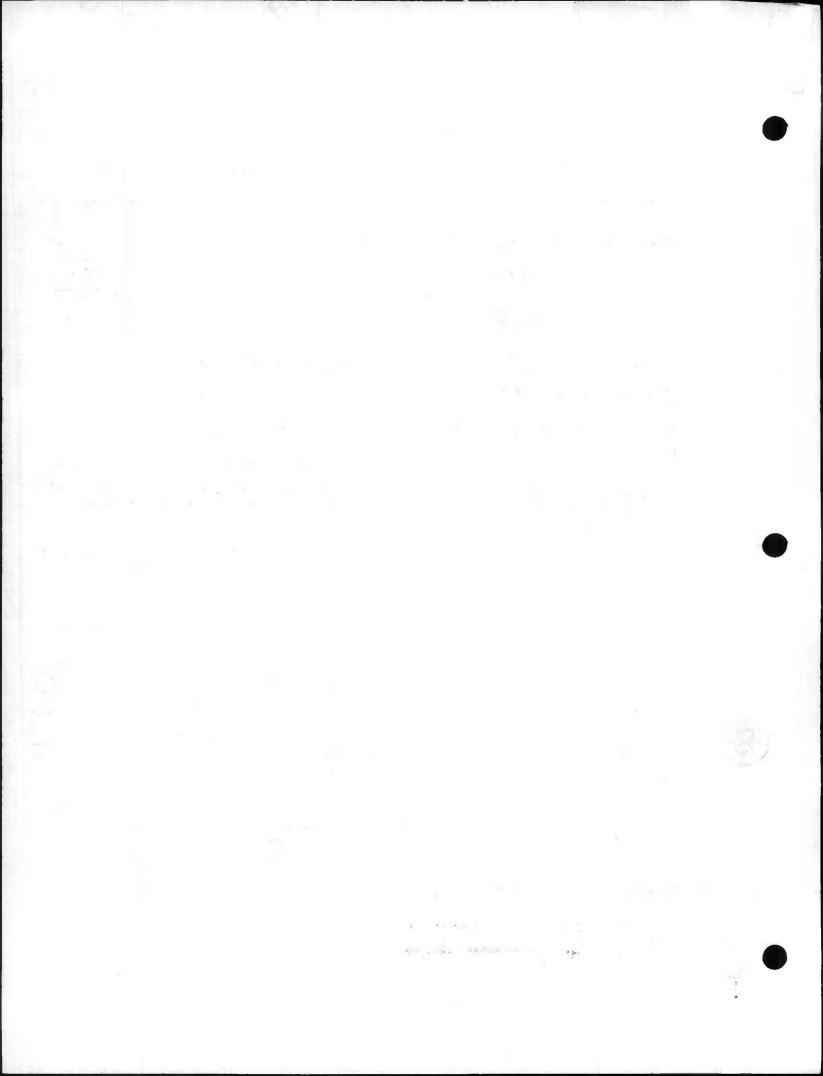
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687	executed	
, P.O. BOX	the death certificate be executed	
RECORDS	requires that the o	
DIVISION OF VITAL RECORDS, P.O. BOX 687	R ATTENDING PHYSICIAN TO IT	
2	PITAL OF	

minutes that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	present by the amendency physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	if he may be made and the prior to bunal, cremation, or removal.	hows any injury, or either traumatic event, the medical examiner must be notified at once.
ti saimba.	ALC: U	THE PERSON	shows a
TO THE HOSPITAL OR ATTENDING PHYSIC AN	OR Attac	be filed within 72 trours affair death with It	IMPORTANT: If item 28 is marked, or

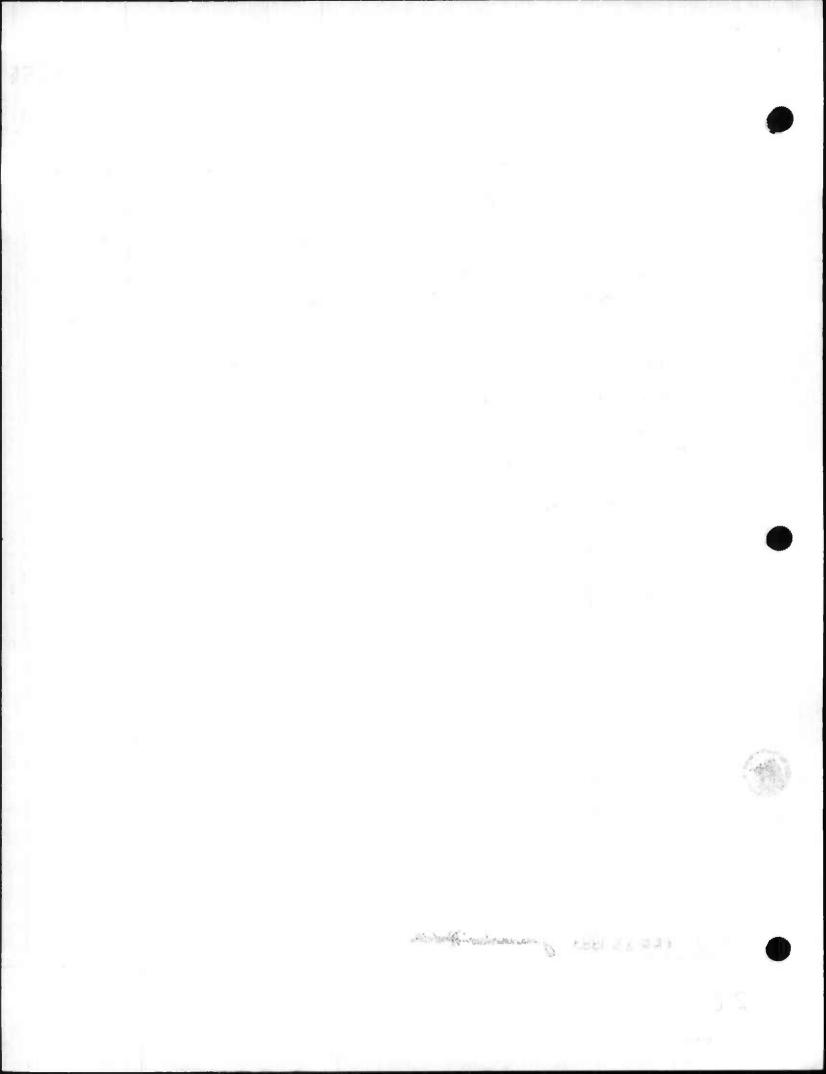
	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		03553			
	1. DECEDENT'S NAME (First, Middle, La	C. KUH	RMAN		2. DATE OF DEATH MONTH	1993	3. TIME OF DEATH  2:15 AM			
-	173-12-283		7. DATE OF BIRTH (Month, Day, Year)	1917 B. BH	RTHPLACE (State or Foreign					
2	9a. FACILITY NAME (IL not institution, girls of the second	NURS Have	ME FOR	CEST H	EATH /	9c. COUNTY O	FORD CO.			
DIMECTOR	100. STATE 10b. COU	ARFORD CO	10c. CITY, TOWN OR	LOCATION AIR			10d. INSIDE CITY LIMITS? 1 YES 2 WNO			
FUNERAL	100. STREET AND NUMBER  1 COLGATA	E DRIVE		101. ZIP CODE 2105	50	10g. CITIZEN O	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TES IF YES, GIVE WAR OR DATE	2 10 If	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, etc.)	-	ACE — Atmerican-Indian, Jeck, White, etc. pecify:			
3	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EOUCATION 1 rade completed)  College (1-4 or 5+)	6e. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	CUPATION ring most of working	16b. KIND OF BU	ISINESS/INDUSTR	HIE			
COMPLET	12		ASSIST. DI	R.OF NU	RSING					
SE CO	17. FATHER'S NAME (First, Middle, Last)  OTTO 216	EMKE		18. MOTHER'S N.	AME (First, Micklie, Maiden DONS	KI				
2	19a. INFORMANT'S NAME (Type/Print)	RECORDS	19b. MAILING ADDRESS	Street and Number or Pural	Route Number, City or Jou	vn, State, Zip Code)				
	26a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State 20b. P	LACE AND DATE OF DISPOSIT	ION (Name of	0ATE 20c. LC	CATION — City or	Town, State  MLS MD			
	21. SIGNATURE OF FUNERAL SERVICE	J. Jair	10,# 22.N	AME AND ADDRESS OF F	HATEL CON	SF	MEMBRIE			
	23. PAST I. Enter the diseases, a	complications that coused to List only one couse on eec	he death. Do not enter t	he mode of dying, such	ch es cardiac or resp	iratory arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Fine disease or condition resulting in death)	THE PARTY OF THE PROPERTY OF	O Vasu /a/	Accia	lent.		monte.			
2			SCIECOSIS							
2	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
EHILL	CAUSE (Disease or injury that initiated events resulting in death) LAST  C.  DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO									
IEDIK	premania, ar hary tract intection. 1 yes 2 no completion of cause of DEATH?									
AN.										
200	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpati	OTHER:	26. PLACE OF OEATH (C		-				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	//	8c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED				
0	1   Netural   5   Pending   M   1   YES 2   NO   2   Accident   Investigation   28s. PLACE OF INJURY   At home farm street feature office   28s. PLACE OF INJURY   At home farm street feature office   28s. PLACE OF INJURY   At home farm street feature office   28s. PLACE OF INJURY   At home farm street feature office   28s. PLACE OF INJURY   At home farm street feature office   28s. PLACE OF INJURY   At home farm street feature of the control of the c									
200	Could not	3 Suicide 5 Could not be determined Clay of InJURY — At home, farm, street, tectory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State)  28b. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State)								
CMPLE		IYSICIAN: To the best of my knowled					se(a) and manner as stated.			
ם ב	29b. SIGNATURE AND TITLE OF CERTIF	wed 11	.0	29c. LICENSE NU	MBER 5522	29d. DATE SIGN	NED (Month, Day, Year)			
	620 Bou tom	WHO COMPLETED CAUSE OF DEATH		d 2101						
	31. DATE HEED/Month, Rey, Year)	32. REGISTRAR'S SIGNAT								



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	or removal.	medical examiner must be notified at once.
DIVISION ANTAL RECORDS, P.O. BOX 68760,		R. A. Car	or death	PORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: II

	FOR 1 - STATE	STATE OF MARYLAN	ID / DEPAR	TMENT OF I	HEALTH AND	MENTAL	HYGIEN	E	93 0355
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		ROSS	CATE OF	DEATH		REG. NO.	NY	year 3. TIME OF DEATH
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	136114	$\Delta \Delta $	4-1	,	03	0	9 9	3 1 50 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y)	rs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE O	Dey, Year)	1918	Country)  ACC ACHUSTTS
_	Sa. FACILITY NAME (If not institution, give str	set end number)		96. CITY, TOWN	OR LOCATION OF D	EATH	11-00	9c. COUNT	Y OF DEATH
5	RESIDENCE OF DECEDENT	ITAN HOSPI	TAL	BAL	Timor	Σ	_		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOCA	TION				10d. INSIDE CITY
늄	MARYLAND		BE	MILLE	ORT				LIMITS?
AL	10e. STREET AND NUMBER			10	I. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3910 Pin	ELWOOD AV	ξ.		2120	6		U	-S.A.
5	11. MARITAL STATUS  1 Never Married 25 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No — 1	I. RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			NO Specif				Specify:
ED	15. DECEDENT'S EDUC		a. DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	INESS/INDUS	STRY
1	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use	rork done during me retired.)	ost of working				
를	127RS		Chai	ms		I	020	RAN	9
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, M	iddle, Maiden	Surname)	
BE	ALFRIO T.	BAN			2776	1 0:	ENOF	TZS	305
2	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	or, City or Town	n, State, Zip C	ode)
1	20e, METHOD OF DISPOSITION	ORQS	20	JUZ 6		OVE			
	125 Buriel 2 ☐ Cremation 3 ☐ Remo	val from State cometer	y, cremetory or oti			DATE D- U		CATION — CI	y or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		RUINS		ND ADDRESS OF FA		1/2	7220 B	IZ I PARYLAND
	100 15			EVAC	SCHAP	STOL		VORIL	S
	23. PART I. Enter the diseases, or co	Tam / h	a death. De a	1880	O HAR	FORD	KOB	0-1-	ARVILLE
	anock, or neart failure. L	lat only one cause on each	line.	ot enter the mo	ae or dying, suc	ch aa cardi	ac or respi	ratory arres	Approximate Interval Between
1 7	IMMEDIATE CAUSE (Final disease or condition	<i>c</i> -,	1, 1	1 0	2 / 2				Onset and Death
	resulting in death)	DUE TO (OR AS A CO	NSEQUENCE OF	ent 1	mul				
z		Carones		Leny -	4 com	d.			
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF	r /					
S	CAUSE (Disease or Injury		1						
CERTIFICATION	that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF	):					
15	d.								
	PART II. Other algolificant conditions	contributing to death but r	not reaulting in	the underlyin	g cause given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N N									1 TES 2 NO
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 7 NO	t/Srippatient 2 ☐ ER/Outpatier	H 3 DOA	4 - Nursing Horr	e 5 🗆 Residence	8 🗆 Other	(Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	PRK?	28d. DESC	RIBE HOW IN	IJURY OCCUI	RED
BY	2 Accident Investigation	M 1 YES 2 NO  28e. PLACE OF INJURY — At home, farm, street, factory, office							
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	a trome, with, st	reet, ractory, orne	•	City or	Town, State)	na Number or	Rural Route Number,
9	29e. CERTIFIER							_	
COMPLET		IAN: To the best of my knowledge : On the beels of examination end							
	29b. SIGNATURE AND TITLE OF CERTIFIER			,y operatori, t			prace, enc		
H	STORM OF AND THE OF VERTIFIER				29c. LICENSE NUI	WBER		29d. DATE S	IONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	Print)				-	

31. DATE FILED (Month, Day, Year)



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30. NAME AND ADDRESS OF PERSON WNG-COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Theodore Stephens 9000 Franklin Square Dr. Baltimore, Md.

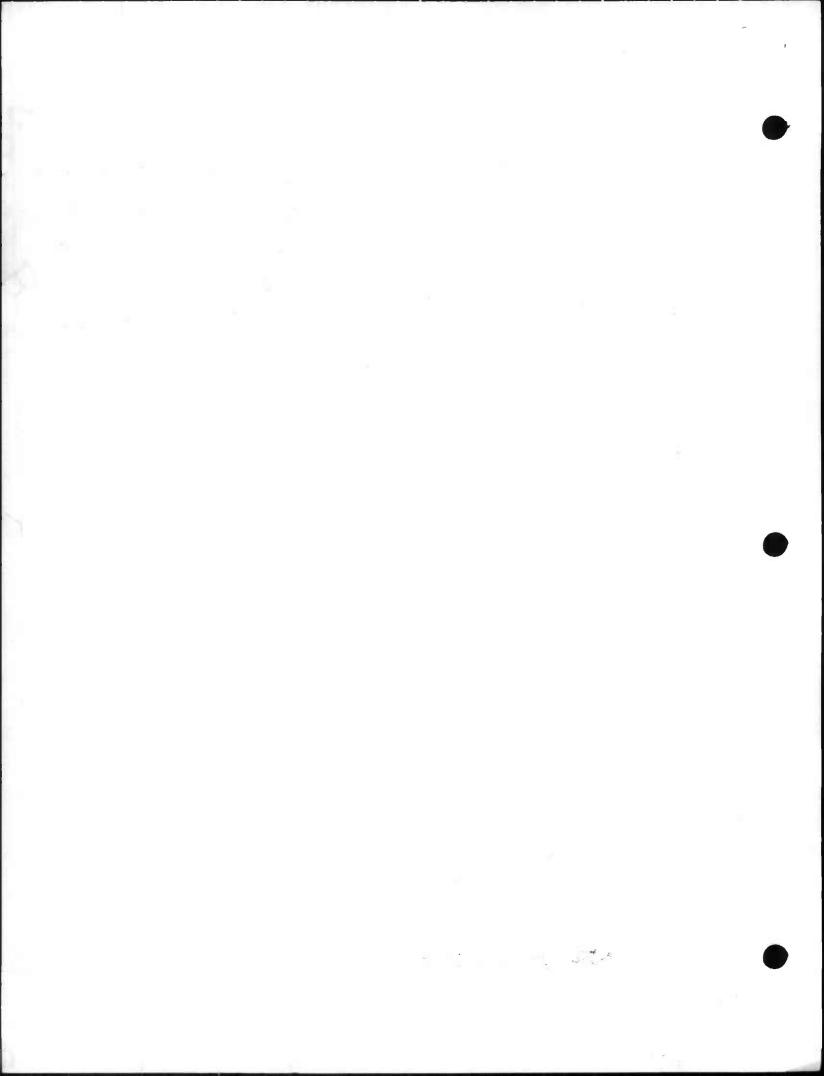
31. DATE FILED (Morth, Day, Your) 32. REGISTRAR'S SIGNATURE

FEB 16 1999 Stephens Granklin Square Dr. Baltimore, Md.

DWSEA OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	HIGHTHLE CONTINUE THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNEFIL DISCOUNTED FOR SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 22 your meeting with the State Dept. of Health and Mental Hygiene prior to bundar, cremation, or remova,	TIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	10 11年 月55	TO THE FUNE	De hied with	IMPORTAN	

						93	03555		
	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN	IE			
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			E OF DEATH	REG. NO	_			
- 8	Mae 1.	KOPPENHA	VFR		2. DATE OF DEATH DO NONTH DO NOTH DO N	NAY YEAR	0 1979 0		
	TW .	5. SEX 6. AGE (In yrs. les	t birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	ITHPLACE (State or Foreign		
1		10 M 28 F 93	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		MY		
00	2 11	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF I							
07.	RESIDENCE OF DECEDENT	VARE HOSPITI	Baltin	nore					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION RKVILLS			10d, INSIDE CITY LIMITS?		
	MARYLAND BAL	TIMORE	T	1 TYES 2 NO					
FUNERAL	3030 TAYLOR	Avs		101. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?		
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N	MED 13	WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Ve	s or No.— 14. RA	ACE — American Indian, ack, White, etc.		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexico 1 YES 2 NO Specific			ecily:		
	15. DECEDENT'S EDUCA		CEDENT'S USUAL (		16b. KIND OF BU	SINESS/INDUSTRY	HILS		
LET	(Specify only highest grade co		Do NOT use retired.)	during most of working					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HIH	2002					
	GEORGE (LIST)	DILLIAMS		18. MOTHER'S NA	AME (First, Middle, Maiden	(	2225		
) BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street and Number or Rural		MY S (Sura, State, Zip Code)	7377		
5	FAMILY RECOR	205	SAME	AS ABOV	15				
- 3	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVA CS CHAPTED  23. Removal from State  Competery, crematory or other place)  CAROLOS OF FAITH  22. NAME AND ADDRESS OF FACILITY  EVA CS CHAPTED  COMPETED  COM								
	DO 15	. 1	3	11 -		0			
	23. PART i. Enter tha diseases, or con	mplications that caused the de-	ath. Do not ente	the mode of dving, suc	th as cardiac or resp	TARRY,	Approximata		
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	st only one cause on each line					interval Between Onset and Death		
	disease or condition resulting in death)	Congestive hear	rt failu	^e					
		DUE TO (OR AS A CONSEC	DUENCE OF):						
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSEC	QUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
THE	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	HUENCE OF):						
E	d.						_ i		
SAL	PART II. Other significant conditions	contributing to death but not n	esulting in the u	nderlying cause given in	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
MEDICAL					1 🗆 YES 2	₩ NO	OMPLETION OF CAUSE OF DEATH?		
					-		1 TES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (CA	eck only one)				
PHYSICIAN:	1   YES 2   NO   1	HOSPITAL: I, I Inpatient 2 ER/Outpatient 3		R: rsing Home 5 - Residence	6 Other (Specify)				
Э ВУ	200 PLACE OF IN HIRV At home down about factors office.								
COMPLETED	4 Nomicide determined	building, etc. (Specify)			City or Town, State)				
4PLE		AN: To the best of my knowledge, dea							
S	0/10) 2 MEDICAL EXAMINER:	On the basis of examination and/or is	nvestigation, in my	opinion, death occured at the	time, data and place, ar	id due to the cause	e(e) and manner as stated.		
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1Actor		29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WAG	COMPLETED CAUSE OF DEATH AVER	8 970 (Time Delet)	D41399		2-1	0-93		

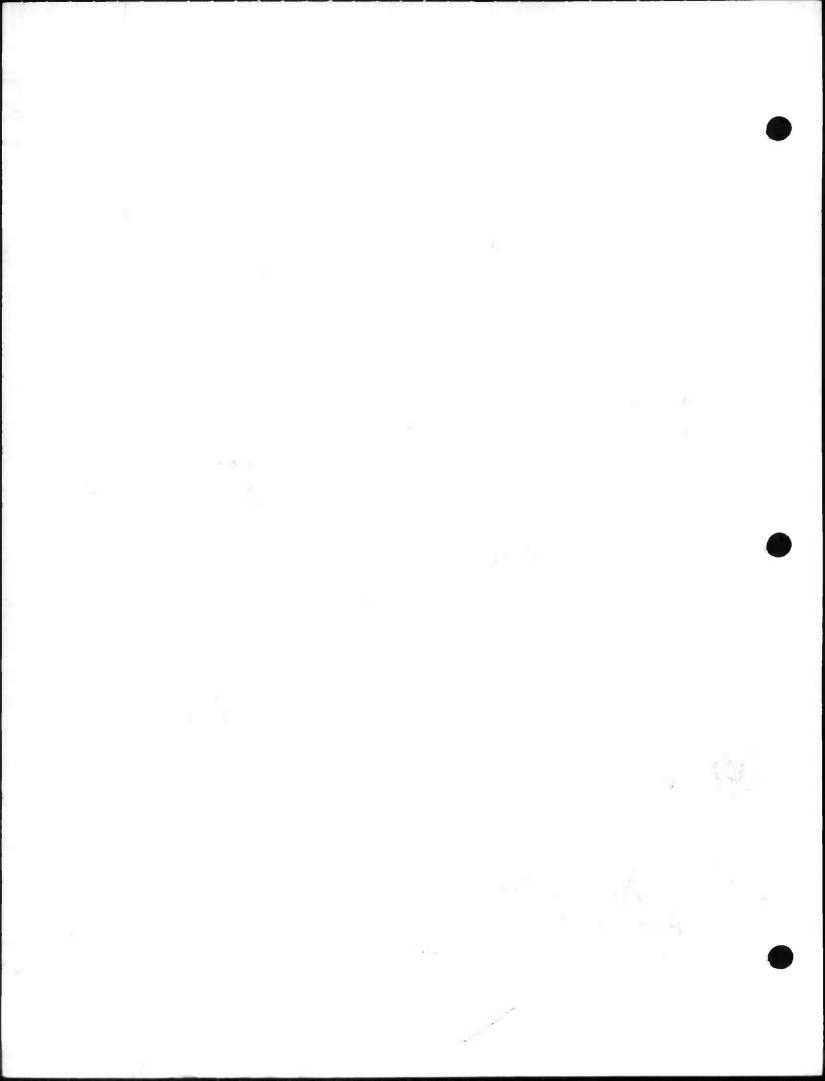
DHMN-16 Rev 1/89



62.00 (2011)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: A	Dept. of Health and Mental Hygiene prior to burial, crema	23 shows any injury, or other traumatic event,
	ING P	THE .	623	ŧ
	TEND	TOR: A	after d	28 Is
	OR AI	DIREC	hours	item ?
	THE HOSPITAL	D THE FUNERAL	be filed within 72 hours after deap	IMPORTANT: If Item 28 is me

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	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	RTMENT OF	HEALTH	AND I	MENTA	L HYGIEN	E		
	REGISTRAR		C	ERTIF	ICATE OF	DEA	ГН		REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	Joseph  4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In			nedy		02	10	1	993	1.345 M
	187-28-5515	1 1 M 2   F	54	YRS.	MONTHS DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give		54	11101	9b. CITY, TOWN	OR LOCATI	ON OF DE	04	09			SYLVANIA
E	Holiday Motel-	Room 10	7							~~	INTY OF DE	
5	807 S Frederi	ck Aven	ue		Gait	ners	bir	g		I. Mo	ntgo	mery
DIRECTOR	10e, STATE 10b. COUN			10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
		NNE ARUI	NDEL	<u> </u>		EN B		IE				1 YES 2 NO
RA	10e. STREET AND NUMBER	0110 00**			10	f. ZIP COD				10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNERAL	801 N. LONG C		) IT EVER IN U.S. AF	NAFE	1		106]				U.S.	
	1 Never Married 2 Married	FORCES? 1	YES 2 NAR OR DATES	MO	If yes, s	ecify Cube	n, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 U YES	2 X NO	Specify	y:			Specify	TE
	15. DECEDENT'S ED (Specify only highest grad	UCATION in completed)	16a. DE	CEDENT'S	USUAL OCCUPATI	ON		168	. KIND OF BU	SINESS/INI		
9	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	se retired.)	ISI OF WORK	70					
COMPLETED	12	0		CAR	PENTER				CONSI	RUC	TION	
	17. FATHER'S NAME (First, Middle, Last)	TEDA							Middle, Meiden	,		
BE	JEREMIAH KENI  190. INFORMANT'S NAME (Type/Print)	NEDY	- 10		·		SIE		ORRIS			
임	JOSEPH P. CLAI	VICV			ADDRESS (Street  OVERLE							1.6
	20s. METHOD OF DISPOSITIO			_	OF DISPOSITION (N		L E	DAT		-	City or Tow	
	1. Burlai 2 Cremation 3 Ham 4 Donation 5 Other (Specify)	noval from State	cemetery cre	metory or o			27	1				RINE, MD.
	21. SIGNATURE OF FUNERUL SERVICE L	CENSON	an lm	ens	22. NAME A	ND ADDRE	SS OF FA	CILITY			THE Z	CHI 270
	· Nary	-0-1-	and .		426 C	ND (	C. F	INK	FUNE	RAL	HOME	E 21061 NIE,MD.
	23. PART I. Enter the diseases, o	complications tha	it caused the de	eath. Do r	not enter the me	de of dy	ing, suci	h as can	dlac or reapl	ratory an	rest,	Approximate
	shock, or heart failure iMMEDIATE CAUSE (Fine)	List only one cau	ise on each line	h.	-					$\sim$		Interval Between Onset and Death
	disease or condition resulting in death)	. HVG	wood	lhos	Ke (	1501	MS	ג <b>יאכ</b> ל ק	elas (	mos	الرسيخ	3
ĺ	,	DUE TO	(OR AS A CONSE	OUENCE O	F):		000			7		
NO	Sequentially list conditions,	b										
AT	if any, leading to immediate cause. Enter UNDERLYING	00E 10	(OR AS A CONSE	DUENCE O	F):							
FIC	CAUSE (Disease or Injury that initiated events	cDUE TO	(OR AS A CONSE	DUENCE O	F):							-
CERTIFICATION	resulting in death) LAST	d.										!
Ö	PART II. Other significant condition	ns contributing to	death but not a	equition :	in the underlyin		due a la	Dort I				
3			acadi bat not i	esuiting	in the underlyin	g ceuse (	liveii in	Part I.	PERFOR		1 /	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
								-	1 YES 2	□ NO		OF DEATH?
≥									HEAD			YES 2 NO
CIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			_	26. P	ACE OF D	EATH (Che	eck only or	10)	K)		
š	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	e 5 🗆 Re	sidence	sXi Othe	r (SpecifyIT)	tel	roor	n
Æ	27. MANNER OF DEATH	28e. OATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN.	URY AT			SCRIBE HOW I			
ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	me, ferm, s	street, factory, offic	•		26f. LOC C/ty	ATION (Street e	nd Number	or Rural Ro	ute Number,
Ē,												
COMPLETED	29e. CERTIFIER (Check only one)	ICIAN: To the best of	my knowledge, de	ath occum	ed at the time, date	end place.	end due	to the car	use(s) end mar	ner ee stat	led.	
8	one) 2 MEDICAL EXAMIN		xamination end/or	investigatio	en, in my opinion, o	eath occur	ed at the	time, date	end place, an	d due to th	ne ceuse(s)	and manner es stated.
BE	296. SIGNATURE THO TITLE OF CERTIFIE		~	_		29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNEO (A	Aonth, Day, Year)
2	30. HOME AND ADDRESS OF PERSON W	19 OMPLETED CAUS	E OF OFFI	4 ar c	Orton	0.0	C.M.	Ε.		0:	2 11	1993
1.00	AMDINAN	MPLETED CAUS										
ı	31. DATE FILED (Month, Day, Year)	32. RECIPTRA	R'S SIGNATURE	1 Pe	enn Str	eet	Ba	alti	more.	Ma	rylar	nd 21201
	FEB 1 6 1993	gha Dain	R'S SIGN TURE	M.								

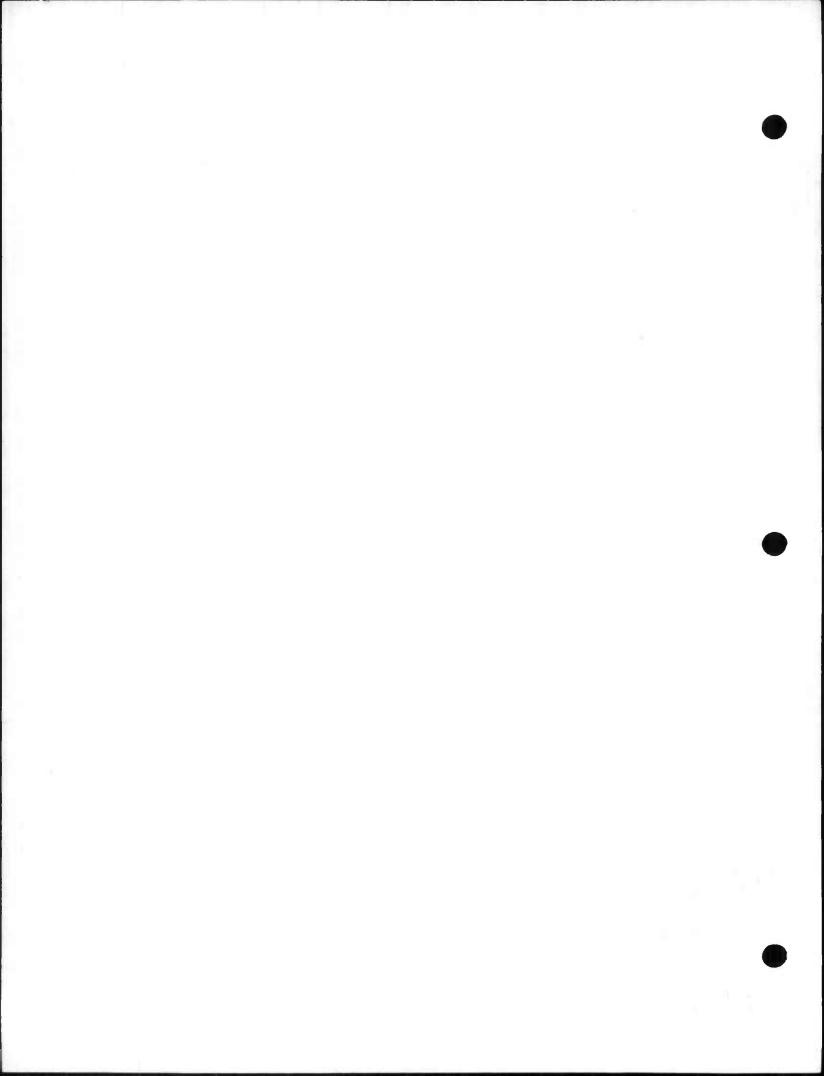


vital or attending physician. d for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

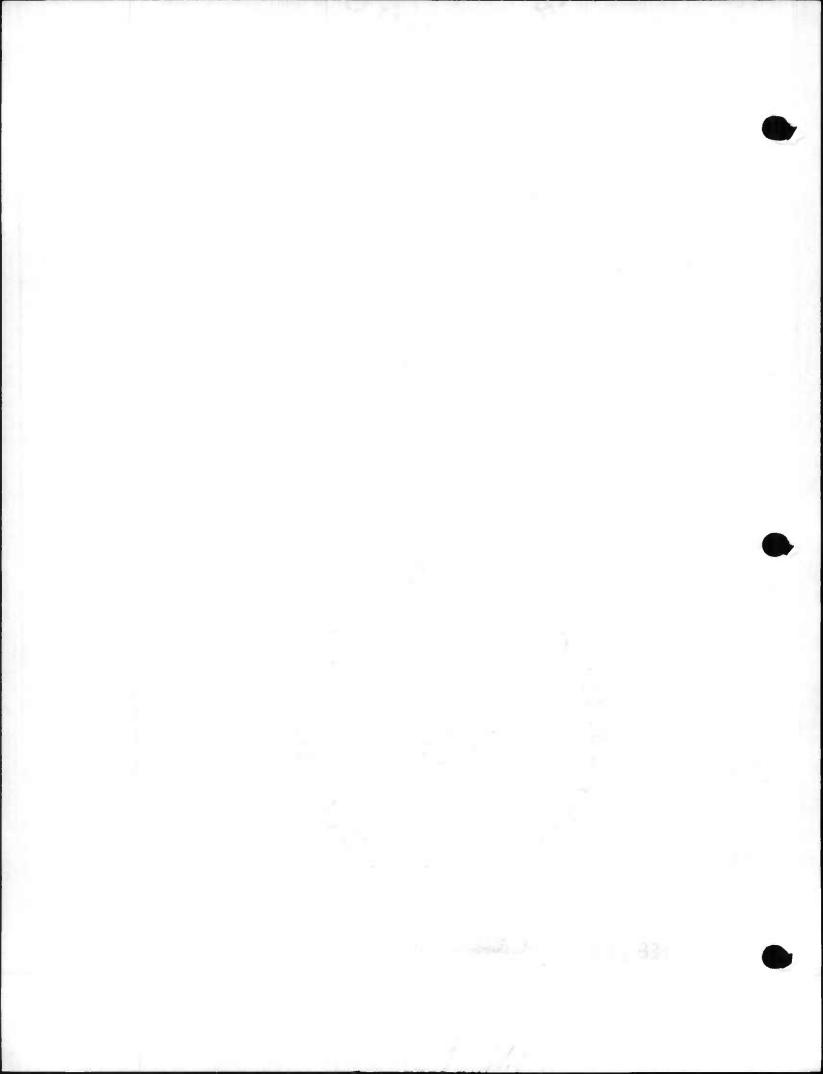
ler death. Page 6 may be retained by the hospi	he funeral director, page 5 should be detached	examiner must be notified at once.	
THE OR ATTEMEND PROCESS. The law requires that the death certificate be executed within 24 hours after	TO THE RUNERAL DIRECTOR And the contribute has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as the water 72 hours after countries and completely filled in by the funeration, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOS	TO THE FUR	IMPORTAN	

	1 - FOR STATE REGISTRAR	STATE OF MAR					EALTH AND	MENT	AL HYGIEN	E			
10	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			3. TIME OF OEAT	н
	ELSIE Day		KN	IGHT				FE	BRUARY		1993	6:40	DW
	CALL STREET, CALL	5. SEX 6. A	GE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or For	eign
			68	YRS.	MONTHS	DAYS	HOURS MM.	1/	15/25		Country	Md.	
~	9e. FACILITY NAME (If not institution, give stre	eet end number)			9b. CIT	Y, TOWN C	R LOCATION OF (	DEATH		9c. COUR	ITY OF O	EATH	
0	MARYLAND GENERA	L HOSPITAI			BAL	TIMO	RE CITY			BA	LTIM	ORE CITY	
S	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION 10d.						10d. INSIDE CITY				
DIRECTOR	Md.			P	alt	imo	ce				ı	LIMITS?	NO.
AL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	1605 Spray Ct	•	21217 USA						SA				
5	11. MARITAL STATUS	12. WAS OECEDENT EVE FORCES? 1 7	ER IN U.S. AI	RMED			ENOENT OF HISP/			or No-	14. RACE	- American India , White, etc.	n,
ВУ	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR O				1 TES	2 NO Spec	Hy:	o riican, etc.)		Blac		
	15. DECEDENT'S EDUCA	TION	160 0	ECEDENT'S	1101141 0	001101710	NA.						
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	/(	Sive kind of Do NOT u	work done	during mo	st of working	Ι,	6b. KIND OF BUS	HNESS/IND	USTRY		
7	Elementally Secondary (0-12)	College (1-4 or 5+)		Dome					House	ewor	k		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (Firs	t, Middle, Meiden	Sumeme)			
BE C	<b>H</b> arry D	ay					Mazi	ìе	Brown				
10	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number or Rura	Route Nu	imber, City or Town	n, State, Zip			
F	Vera Smith			1604	Lo	rmaı	n Ct. I	Balt	:0., Mo	d. 2	121	/	
	20a. METHOD OF DISPOSITION  N Durial 2 □ Cremation 3 □ Remove	ral from State	20b. PLACE						1 0 0- N	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		Gä'l'l'	TSON					18 OW.	ings	MI	lls, Md	•
							ADDRESS OF F		n & So	าทร			
	James a				1	701	Laurer	ns S	t. Ba	lto.	, Mo	a. 2121	7
	23. PATT I. Enter the diseases, or co shock, or heart fellure. Li	mplications that cause of	sed the de	eath. Do	not ante	r tha mo	da of dying, su	ch aa ca	ardiac or respi	ratory arm	est,	Approxima Interval Be	te
	IMMEDIATE CAUSE (Final	.,,										Onset and	
	disease or condition resulting in death) a.	UPPER GAS				BLE	ED						
		OUE TO (OR /			F):								
ON	Sequentially list conditions,	LIVER CIR			D.								
TA!	if any, leeding to immediate cause. Enter UNDERLYING	ESOPHAGEA			rj.							İ	
F	CAUSE (Disease or injury that initiated events	DUE TO (OR A			F):							<del>-</del>	
CERTIFICATION	resulting in death) LAST											[	
	PART II Other elanificant conditions	contribution to deat	th host mad		1 - 46								
SA	PART II. Other significant conditions	contributing to deal	n out not	resulting	in the u	nderlying	g cause given in	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIN AMAILABLE PRIOR 1	o
									1   YES 2	□ NO		COMPLETION OF CO OF DEATH?	WSE
Σ			•					—				1 YES 2 N	0
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	hack only	one)				
SIC	EXAMINER?	HOSPITAL:	Outpatient 3	DOA	OTHE	R:	o 5 ☐ Residence						
Ŧ	27. MANNER OF OEATH	28e. OATE OF INJU	RY	28b. TIM	E OF	28c. INJ	URY AT	-	EŞCRIBE HOW II	NJURY OCC	UREO		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar)	IN.	JURY M		RK7 'ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At he	ome, farm,	street, fec	tory, office		28f. LC	CATION (Street e	nd Number	or Rural A	loute Number,	
	4 Homicide determined	January, etc. (	opeony)					٦ u	ty or Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my k	nowledge, de	eath occurr	ed at the	time, date	end place, and du	e to the o	ause(e) end men	ner as state	ed.		
MO	one) 2 MEDICAL EXAMINER:											and menner ee st	Med.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU					(Month, Day, Ybar)	
) BE	GHASSAN HADDAD,	M.D.								•	2/12	193	Scin
2	30. NAME AND ADDRESS OF PERSON WHO		OEATH (ITE	M 27) (Type	Print)						1		
	61	Hoold	ed		4	0.	MAF	RYLAN	ND GENE	RAL H	OSPI	TAL	
į	31. DATE FILED HOTEL, Pay, 1993	32. REGISTRAR'S S	IGNATURE	dem.			<del>C/ U</del>			-			
		4		San San San San San San San San San San									



5-0020	nding physician.	THECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BALLIMORE, MARYLAND 21215-0020	L R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	be detached for use	
MARY	retained b	should b	
JKE, I	may be	tor, page	mus and readily will be state Dept. Of readily and mental hygiene prior to London, to remove.
Σ	Page 6	al direct	
SALI	r death.	ne funer	9
_	urs afte	UIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the factor and standard the standard of the standard o	TOTAL STATE OF
	24 ho	y filled	Apr. o
Ď,	3 within	mpletel	ol oli
20	xecuted	and co	UNITAL
5	te be e	Sician	200
5	ertifica	ing phy	William .
7.	death o	attend	CINE I
Ž	at the	by the	alla m
2	uires th	Signed	Dean
ž	aw req	s been	chi. ui
<b>X</b>	V: The	cate ha	State D
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	YSICIAL	s certifi	חו חוב
2	NG PH	fter this	Edili w
2	TENDI	TOR: A	מונבו ה
2	N W	DIREC	Cincia Cincia

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE	DEPAR	TMENT	OF HE	ALTH AND	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1		F UNDER 24 HRS.	7. DATE OF BIRT	н	BIRTHE	PLACE (State or Foreign
	219-22-4712	1 🖾 M 2 🗌 F	85	YRS.	MONTHS	DAYS H	OURS MIN.	7-26-0		Country	land
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR I	LOCATION OF	DEATH		TY OF DE	
8	Carroll Co. Ger	eral			Wes	tmin	ster		Carr	011	
5	RESIDENCE OF DECEDENT								Juli		
DIRECTOR	10a, STATE 10b. COUNT		10c, CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
1	Maryland Carr	oll	ll Sykesville								1 X YES 2 NO
FUNERAL	1.7					101. ZI	P CODE		10g. CITIZ	EN OF W	HAT COUNTRY?
l H	6800 White Rock				-	_	1784			A.	
5	1 Never Married 2 Married	FORCES? 1	TEVER IN U.S. ARM	MED O				ANIC ORIGIN? (Speci can, Puerto Rican, et			- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W			1	YES 2	X NO Spec	elfy:		Spec/l)	
	15. DECEDENT'S ED		16a, DEC	EDENT'S	USUAL OCC	CUPATION		16b. KIND O	F BUSINESS/IND	Whi	.te
once. COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed)	(Gh	e kind of v Do NOT us	work done du se retired.)	iring most o	f working				
.   교	10			rist	t			Flor	ist-Fam	ilv	Business
5 5	17. FATHER'S NAME (First, Middle, Last)					10	B. MOTHER'S N	AME (First, Middle, M		-	
ed at	Cleveland L.		Kirkley			I	Kather:	ine	Carr	011	
B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street and	Number or Flura	I Route Number, City of	or Town, State, Zip	Code)	
To moth	Pauline Foxwell	Kirkley	68	300 I	White	Rock	Rd.	Sykesvill	e, Md.	2178	14
To last	20s. METHOD OF DISPOSITION 1 % Burlal 2 Cremation 3 Ref	noval from State	20b. PLACE A	ND DATE	OF DISPOSIT		of	DATE 20	c. LOCATION (	Ity or Tow	rn, Stata
Ē	4 Donation 5 Other (Specify)	1	Dorch			n. Pa	ark 2	2/17/93	ambrida	e. M	id
=	21. SIGNATURE OF FUNERAL SERVICE L	CENSES	/				ADDRESS OF I	ACALLI I			
еха	I malel (	holo 1	4.		10	uck 1	lowson	Funeral	Home, I	nc.	
ry, or other traumatic event, the medical examiner must be notified at once.  CERTIFICATION TO BE COM	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CHIL	(OR AS A CONSEO	TRIA UENCE OF	F): (5			ccisent			Onset and Death
		d									1
23 shows any injury, AN: MEDICAL CI	MTN ASPIRATIO	e(R)C		suiting	in the und	erlying c	ause given i	PE	AS AN AUTOPSY REFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
or item 23 YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		E OF DEATH (C	Check only one)			
	1 VES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3		4 - Nursi	ng Home		6 Other (Specify			
is marked, or D BY PHY	1 Vetural 5 Pending 2 Accident Investigation	26s. DATE OF (Month, D	11011		WRY M			26d. DESCRIBE H	OW INJURY OCC	URED	
2 世	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At hore atc. (Specify)	ne, ferm, 1	street, factor	ry, office		26f. LOCATION (S City or Town,	treet and Number ( State)	or Rural Ro	oute Number,
IMPORTANT: If item 2 O BE COMPLET	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of ER: On the basis of a									
§ 8	29b. SIGNATURE AND TITLE OF CERTIFIE						C LICENSE N				
TO BE	T. Galving	$\sim$					D310		D ∂	131	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W			27) (Type,	Print) WAST	HINGT	W 120	WEST	NINSTER	mp	21157
	FEB 16 1993	fliter	THE SHOWING	R.							



DIVISION OF VITAL RECORDS,	The law requires that the dea	has been signed by the at	Dept. of nearth and Meri	If item 28 is marked, er Item 23 shows eny injury,
DIVISION	TO THE HOSPITAL OR ATTENDING TO	TO THE FLAKERAL DIRECTOR. ANY	De fried within 72 hours after dealing with	IMPORTANT: If item 28 is marked,

Mark Russell
31. DATE FILED (Month, Day, Your)
FEB 16 1993

Mar

	- OTATE	STATE OF MARYL					MENTAL HYGIEN		03559
	1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE (	OF DEAT	ГН	PEG. NO		3. TIME OF DEATH
	MARIA KLAPUT						02/ I	. 2 9	3 M
	220-34-7098	□ M 2 🏋 F	n yrs. lest birthday)	MONTHS DA	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 09/08/2	2	BIRTHPLACE (State or Foreign Country) POLAND
OR	98. FACILITY NAME (If not institution, give stree FRANCIS SCOT				ALTIMO		ATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.		10c. CITY, TOWN OR LOCATION BALTIMORE						10d, INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	104. STREET AND NUMBER  107. ZIP CODE  1731 BANK ST.  109. CITIZEN OF WHAT COL								OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married   Married						IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc.
	21	1011	40. 200020				I w was a		WHITE
ONCE.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  1 2  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  SEAMSTRESS								
at once.	17. FATHER'S NAME (First, Middle, Last)		OBITI	TOTICE		HER'S NAI	ME (First, Middle, Meiden	Sumamel	
E 111	THOMAS P	IECZAK							
BE C	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number	or Rural F	Toute Number, City or Tou	vn, State, Zip Co	ode)
5	WALTER KLAPUT		1	731 B	ANK ST	Г. В	BALTO., M	D. 21	231
TO BE	20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Remove	206	PLACE AND DATE	OF DISPOSITIO	N (Name of		DATE 20c. LC	CATION - CIT	y or Town, Stats
Ē	4 Donation 5 Other (Specify)	S S	T • STAN	ISLAUS	S CEM.		2/15 BA	LTIMO	RE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		17		ME AND ADDRES		CILITY		
E C	attioned (	1. 4/11		DAY	T. CTV	WE	BER F.H.	401	S.CHESTER ST
	23. PART I. Enter the diseases, or con	pilications that caused	the death. Do						
	shock, or heart failure/Lis	t only one ceuse on e	ech line.			ing, coo.		matory arres	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	e witir	1 00-	Liv o	Long	212			Onset and Death
evelli,	resulting in death) a	critica.	CONSEQUENCE	16 )	TEND	212			years
	_	50E 10 (011 AS A	CONSECUENCE	A-).					1,110
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	PF):					
TIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	PF):					
FIT	resulting in death) LAST								
3	PART II Oak a alestificado a actul								
1	PART II. Other aignificant conditions of	oninouting to death b	ut not resulting	In the under	lying cause o	given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC.	{ <del></del>						1 _ YES :	NO NO	OMPLETION OF CAUSE OF DEATH?
M							_		1 TYES 2 NO
N N									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			6. PLACE OF D	EATH (Chi	ick only one)		
S		XInpatient 2 - ER/Outp	atlent 3 DOA	OTHER: 4 Nursing	Home 5 🗆 Re	sidence	6 Other (Specify)		
BY PHYSICIAN: MEDICAL								REO	
	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory,	office		281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
COMPLETED		N: To the best of my knowl On the basis of exemination							ause(s) and manner sa stated.
-	29b. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICE	ENSE NUM	BEA	29d. DATE S	IGNED (Month, Day, Year)
TO BE	Mark Russel	1 Benso	~ MC	)	JI	93	3 (JHH)	12/	12/93

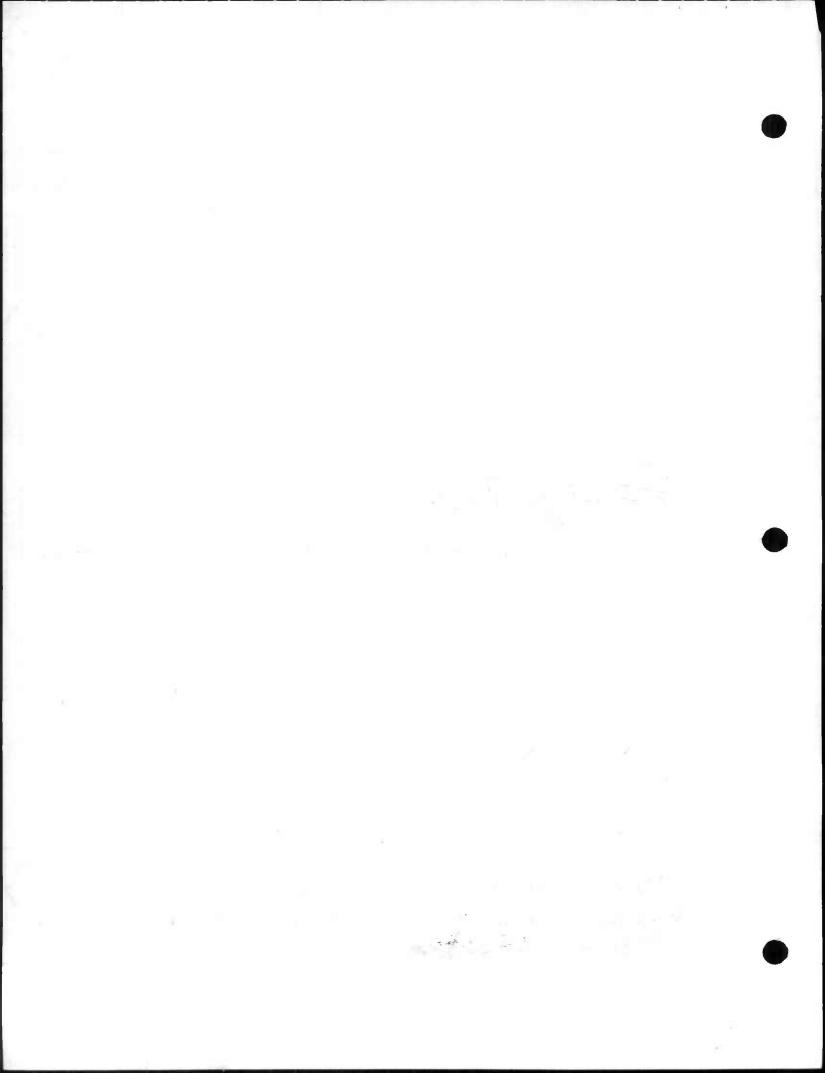
DEATH (ITEM 27) (Type, Print)

M, D. TOWER

DHMH-16 Rev 1/89

Baltimore

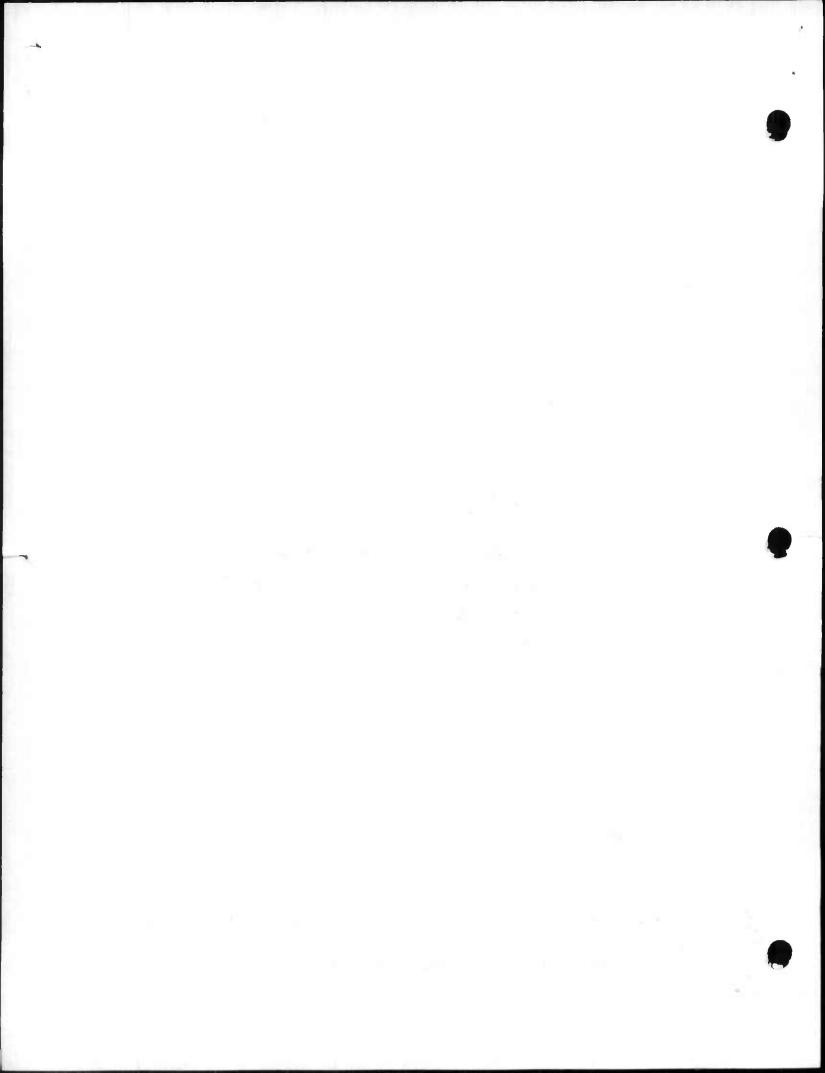
Hopkins



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RECORDS, P.	requires
	MR
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ISION OF VI	PHYSICIAN:
VISION	OR ATTENDING
5	NH OH
]	HOSPITAL
	프

	1. DECEDENT'S NAME (Fin							2. DAT	TE OF DEATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		nia L.	,						-	YEAR 3	
	217-36-		1 M 2XXF	6. AGE (In yrs.	. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIRTH (10) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	104	Countr	-
	9a. FACILITY NAME (If not		street and number)	00		9b. CITY, TOWN	OR LOCATION OF E			9c. COUNT		ryland
OR	Frederi	ck Me	morial	Hospi	tal	Fre	derick					Frederi
ECTO	RESIDENCE OF DE	10b. COUNT	ГУ		10c. CI	TY, TOWN OR LOCA						
DIRE	MD		arroll		100.01	Mt. A			.2			10d. INSIDE CITY LIMITS?  1 YES 2 X NO
IAL	10a. STREET AND NUMBER	R					H. ZIP CODE			10g. CITIZE	EN OF W	WHAT COUNTRY?
FUNERAL	6026 Ridge Road 21771 Unite  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL SPACE VALUE OF A PAGE 14. PAGE 14. WAS DECEMBENT OF HISPANIC ORIGINAL SPACE VALUE OF A PAGE 14.									ite	d States	
	11. MARITAL STATUS 1 Never Merried 2	Married	FORCES? 1	YES 2		If yes, s	CENDENT OF HISPA pocify Cuben, Mexic	en, Puerte		r No- 1	4. RACE Black	— American Indian, c, White, etc.
TO BE COMPLETED BY											Specif	White
	(Specify or	CEDENT'S EDI	JCATION e completed)	18a.	(Give kind of	USUAL OCCUPATI	ON ost of working	16	Sb. KIND OF BUSIN	IESS/INDU	STRY	
	Elementary/Secondary (0-12) College (1-4 or 5-1) life. Do NOT use retired.)											
	17. FATHER'S NAME (First, I				110	Jube WII		AME (First	, Middle, Malden Su	mame)		
	Emory L		У						Harri	,	Co	naway
	19e. INFORMANT'S NAME (		// 1									
		Mrs. Elaine Taylor 6018 Ridge Road Mt. Airy, MD 21771										
	20a. METHOD OF DISPOSITION  \$\frac{1}{2}\triangle \text{ Cremetlon 3 \sqrt{Removal from State}} \ 20b. PLACE AND DATE OF DISPOSITION (Name of commeltery, cremetlory or other place) \ \text{LOCUST Grove Cemetery 2/17 Mt. Airy, Maryla} \]											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Burrier-Queen Funeral Home 21784											
	23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errors.										meiald N	
	23. PART I. Enter the c	diseasaa, or	complications the	caused the	death. Do	1212	W. 01	d Li	berty	Rd.	Wi	nfield,M
	IMMEDIATE CAUSE (FI	diseasaa, or haart fallure.	complications the	caused the	ina.	1212 not anter tha mo	W. Old	d Li	berty	Rd.	Wi	nfield, M. Approximata Interval Batwe
	aripor, or i	diseasaa, or haart fallure.	complications the	caused the	ina.	1212 not anter tha mo	W. Old	d Li	berty	Rd.	Wi	nfield, M
	IMMEDIATE CAUSE (FI	diseasaa, or haart fallure.	complications the	caused the	ina.	1212 not anter tha mo	W. Old	d Li	berty	Rd.	Wi	nfield, M
NOI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit	diseasaa, or heart failure. inal	a. CAPE	Coursed the lise of each lise o	PULMESEOUENCE O	1212 not anter the mo	W. 01	d Li	berty	Rd.	Wi	nfield, M
ICATION	IMMEDIATE CAUSE (FI disease or condition resulting in desth)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diseasa, or haart failure.	a. CAA  OUE TO  B. CELE  DUE TO  C. SEVE	LD 10 / OR AS A CONTROL OR AS	SEQUENCE OF SEQUENCE OF ANE	1212 not anter the mo	W. Old	d Li	berty	Rd.	Wi	nfield, M. Approximata Interval Batween
TIFICATION	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated eventa	disease, or heart failure.	a. CAA  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:	SEQUENCE O	1212 not anter the mo	W. Old	d Li	berty	Rd.	Wi	nfield, M
ERTIFI	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inje	disease, or heart failure.	a. CAA  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO	LD 10 / OR AS A CONTROL OR AS	SEQUENCE O	1212 not anter the mo	W. Old	d Li	berty	Rd.	Wi	nfield, M. Approximata Interval Batween
AL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated eventa	tions, adjate ring	a. CAP  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:  (OR AS A CON:	SEQUENCE OF ANESEQUENCE 1212 not anter the mo	W. 010  Data of dying, such  ARRE  ACCI	d Li	Derty rdiac or reapirat	Rd.	Wi	nfield, N Approximata Interval Batwe Onaat and Dai	
AL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited initiated eventa resulting in death) LAS	tions, adjate ring	a. CAP  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:  (OR AS A CON:	SEQUENCE OF ANESEQUENCE 1212 not anter the mo	W. 010  Data of dying, such  ARRE  ACCI	d Li	berty	Rd.	Wi	nfield, M Approximata Interval Batwe Onaat and Dat  WERE AUTOPSY FINDING AMAILABLE PRIOR TO	
MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited initiated eventa resulting in death) LAS	tions, adjate ring	a. CAP  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:  (OR AS A CON:	SEQUENCE OF ANESEQUENCE 1212 not anter the mo	W. 010  Data of dying, such  ARRE  ACCI	d Li	Derty rdiac or reapirat	Rd.	Wi st,	Approximata Interval Batwe Onaat and Dai  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE	
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited initiated eventa resulting in death) LAS	tions, adjate ring ury	a. CAP  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:  (OR AS A CON:	SEQUENCE OF ANESEQUENCE 1212 not anter the mo	W. 010  pda of dying, such  ARRE  ACCIA	d Lich as ca	24a. WAS AN AU PERFORME	Rd.	Wi st,	Approximata Interval Batwe Onaat and Dai  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated eventa resulting in death) LAS	tions, adjate ring ury	a. CAP  OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:  COR AS A CON:	PULICIONES SEOUENCE O ANE SEOUENCE O ANE SEOUENCE O OTTO ANTE	1212 not anter the mo	W. Oldo of dying, such a control of dying, suc	d Lich as ca	24a. WAS AN AU PERFORME 1 YES 2	Rd.	Wi st,	Approximata Interval Batwo Onaat and Dai  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death to immediate the cause. Enter UNDERLY CAUSE (Disease or injection in that initiated eventa reaulting in death) LAS  PART II. Other algnifications are caused in the cause of	tions, addate rink condition	a. CAP OUE TO b. DUE TO c. DUE TO d. HOSPITAL:	CON AS A CONTROL OF AS A CONTR	SEOUENCE O  SEOUEN	1212 not anter the mo	W. Oldo  Date of dying, such  ARREA  ACCIN  Grant Control  Grant C	DEM	24a. WAS AN AU PERFORME 1 YES 2	Rd.	Wi.	Approximata Interval Batwo Onaat and Dai  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited initiated eventa reaulting in death) LAS  PART II. Other algnification EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 S	tions, adjate ring ury	a. CAP OUE TO b. DUE TO c. DUE TO d. HYPE  HOSPITAL: 1   Inpatient 2   28e, DATE (Month, D	COR AS A CONICATE AND CONTROL OF AS A CONICATE AND CONTROL OF AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	SEOUENCE O  ANE SEOUENCE O  ANE SEOUENCE O  T O A  T O A  28b. TIM IN.	1212 not anter the model of the	W. Oldoda of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying, such a control of dying, and such a control of dying a control of dying, and a control of	DEM	24a. WAS AN AU PERFORME 1 YES 2 To one)	Rd.	Wi.	Approximata Interval Batwe Onaat and Dai  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death to list in the list in death in the list in death)  PART II. Other algnification in death in the list in death	tions, adiate ring and condition and conditi	a. CAP OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Input en 2   28e. DATE OF (Month, D) 28e. PLACE O	COR AS A CONICATE AND CONTROL OF AS A CONICATE AND CONTROL OF AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	SEOUENCE O  ANE SEOUENCE O  ANE SEOUENCE O  T O A  T O A  28b. TIM IN.	1212 not anter the mo	W. Oldoda of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying, such a control of dying, and such a control of dying a control of dying, and a control of	DEM  Part 1.  Part 1.	24a. WAS AN AU PERFORME 1 YES 2 To one)	Rd.	Wi. 24b.	nfield, N Approximata Interval Batwe Onaat and Dai  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death to list and reaulting in death) LAS  PART II. Other algnification in the list and li	tions, adiate (ING ury ST American Indian In	a. CAP OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpatient 2   28e, DATE OF (Month, D) 28e, PLACE O building,	Consective of the second secon	SEOUENCE O  VATO SEOUENCE O  ANE SEOUENCE O  OT resulting  3 DOA  28b. TIM IN.	1212 not anter the model of the	W. Oldoda of dying, such a control of dying, such a control of dying, such a control of dying.  ARREA  Accing grays given in the control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, a co	DEM  Part 1.  Peck only c  a □ Oth  28d. De	24s. WAS AN AUPERFORME 1 YES 2 TO SCRIBE HOW INJUING CATION (Street and or or Town, State)	TOPSY 60?	Wilst,  24b.  Rural Re	nfield, N Approximata Interval Batwe Onaat and Dai  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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DHMH-18 Rev 1/89



1	•	FOR STATE REGISTRAR
		ricalo III bull

sit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2121

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sthough the director be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

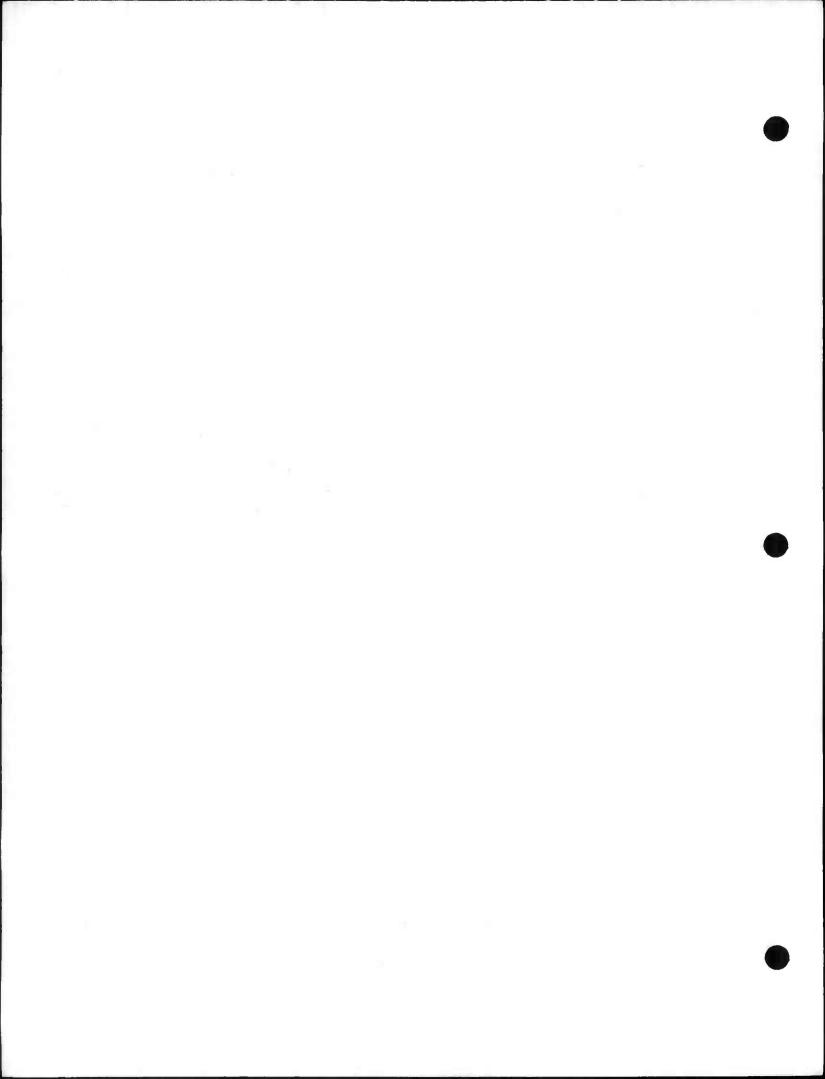
IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enea.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERT	IFICATE				MENIAL NIGIENI REG. NO.	_	
Ŋ	1. DECEDENT'S NAME (First, Middle, Last)  Warren			_			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
		3. AGE (In yrs. lest birthdi 70 YRS	my) IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-22-192	Cour	THPLACE (State or Foreign netry) est Virainia
TOR	98. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center.  BESIDENCE OF DECEDENT		9b. CITY,			ON OF DE MOたと		9c. COUNTY OF	
DIRECTOR	100. STATE 10b. COUNTY  Maryland Baltimo.		10c. CITY, TOWN OR LOCATION  Dunde						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3518 Dunhaven Road			101.	ZIP COD	-	222		WHAT COUNTRY? ed States
84	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1)7. If YES, GIVE WAI WILD TALK.			f yes, spe	city Cubi		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bia	CE — American Indian, oct. White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  6th Grade  College (1-4 or 5+)		of work done of work done of work done of use retired.)	luring mos	N at of workli	og	186. KIND OF BUS	iness/inoustry	ny
BE COM	17. FATHER'S NAME (First, Middle, Last) Sherarton Long						WE (First, Middle, Meiden S	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print)  Donald Ray Long	19b. MAIL 351	8 Dun	istroot or	nd Number N. RO	or Flural F ad	Dundalk, M	, State, Zip Code)  aryland	21 222
	20e, METHOD OF DISPOSITION  1	20b. PLACE AND DA cemetery, cremetery Garres	or other place)	est	Cem	. 2/	12/93 0	wings M	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Di	uda-	Ruck		eral Home Dundalk		
	23. PART Enter the disease, or complications that of shock, or heer failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (C	caused the death, De on each lina.	A		la of dy		n as cardiac or reapir	atory arrest,	Approximate Interval Between Onset and Deeth
CERTIFICATION	remy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	PR AS A CONSEQUENCE							
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to de	eath but not resulting	ng In the un	derlying	ceuse	given in i	Part I. 24a. WAS AN A PERFORI 1 YES 2	MED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		1		ACE OF D	EATH (Che	ock only one)		
	1   YES 2   NO		OTHER 4 Num TIME OF INJURY	28c. INJU WOI	IRY AT		8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, at	INJURY — At home, fars c. (Specify)	m, street, facto			, 10	281. LOCATION (Street ar City or Town, State)	nd Number or Rurel	Floute Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the basis of examiners.								(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Monah mas	Asler			29c. LICI	NSE NUM	356	29d, DATE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  Moham mad Aslam M  31. DATE FILED (Month, Day, Year)  32. REGISTRAR:	. 300	ipe, Print) 3 Arm	ory	P	lac.	e Batto	md a	40-61
	FEB 1 6 1993	Levidor Po	della?						



DHMH-16 Rev 1/89



LANGREHR ROBERT

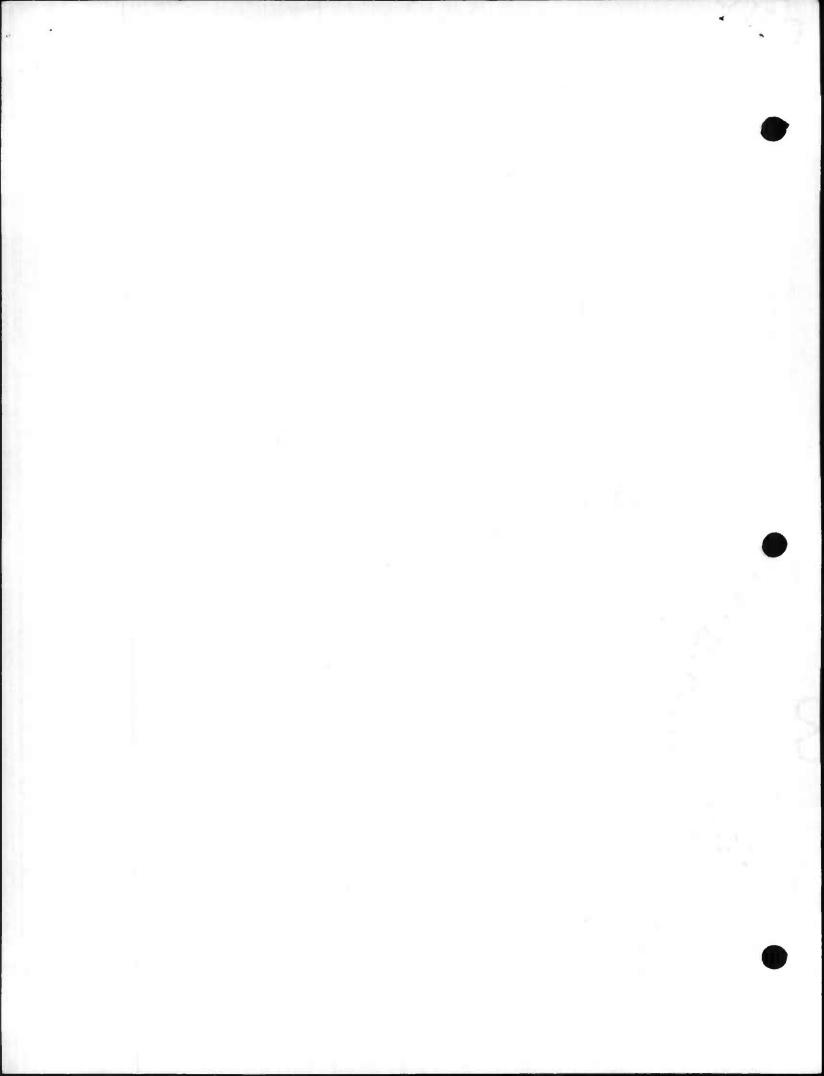
1 FOR 3 ROGGE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. HTA DUE TO (OR A	AS A CONSEQUENCE O	FI:					
		4 3 mm	1						
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	- Committee Contract		uple (	CABG	, CHF, E	F 36	Onset and C	
4	23. PART/. Enter the diseases, or shock or heart falling	complications that ceu	used the deeth. Do	8728 L	iberty 1	Rd. Randa	llstow	n, MD 2113	
	1 Donation 5 Other (Specify)	ovel from State	cametery, cremstory or o	cemation  22. NAME AN	2-11-	-93 Ham	pstead	, MD	
2	20a, METHOD OF DISPOSITION		9501 (	Old Court	Rd. Ba	altimore,	MD 2.	1244	
H R	John William Lang	grehr	19b, MARLING	AOORESS (Street an			wn, State. Zio Cr	ode)	
COMPL	8th Grade  17. FATHER'S NAME (First, Middle, Last)	Consys (I-9 Of 5+)	Carpent	er	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumeme)		
ETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	WW 2 16a. DECEDENT'S (Give kind of	USUAL OCCUPATION	N		USINESS/INDUS	Specify: White	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 XXV	ES 2 NO	13. WAS DECE If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)	USA os or No – 14	. RACE — American Indian, Black, White, atc.	
	Maryland Balts  100. STREET AND NUMBER	imore Co.	Woo		ZIP CODE		10g. CITIZEI	1 ☐ YES 2 🔀 N N OF WHAT COUNTRY?	
HECT.	RESIDENCE OF DECEDENT	Y	10c. CIT						
E .		street and number)				EATH		more City	
	216-01-0378	1350M 2 🗆 F	-400	MONTHS DAYS	(Month, Day, Year) 1-12-1917	'M	BIRTHPLACE (State or Forei Country) aryland		
AT COMPTETED BY		9a. FACILITY NAME (If not institution, give s Sinai Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Balt: 10a. STREET AND NUMBER 10609 St. Paul At 11. MARITAL STATUS 1 Never Merried 2 Married 12. Merried 3 Married 13. DECEDENT'S EDU (Specily only highest grade 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) Mrs. Patricia Hospital Paul 10 Married 19a. INFORMANT'S NAME (Type/Print) Mrs. Patricia Hospital 10 Married 20a. METHOD OF DISPOSITION 1 Daurial 2 Mc Cremetion 3 Rent 4 Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE LI 23. PART / Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	ROBERT  4. SOCIAL SECURITY NUMBER  2.16-01-0378  9a. FACILITY NAME (If not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Baltimore Co.  10c. STREET AND NUMBER  1.0609 St. Paul Ave.  11. MARITAL STATUS  12. WAS DECEDENT EVIPTION  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  Sth Grade  17. FATHER'S NAME (First, Middle, Last)  John William Langrehr  19a. INFORMANT'S NAME (Type/Print)  Mrs. Patricia Hoggard  20a. METHOD OF DISPOSITION  1 Burlal 2 EX Cremention 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AMAMEDIATE CALLOE (Final MAREDIATE CALLOE (Final MARED	ROBERT H. LANGRI  4. SOCIAL SECURITY NUMBER  216-01-0378  5. SEX  216-01-0378  5. SEX  6. AGE (In yrs. last birthday)  76  776  785  786  787  787  788  788	ROBERT H. LANGREHR SR.  4. SOCIAL SECURITY NUMBER  2.16-01-0378  1	ROBERT H. LANGREHR SR.  4. SOCIAL SECURITY NUMBER  2.16-01-0378  1279 76  128 FACILITY NAME (if not institution, give street and number)  Sa. FACILITY NAME (if not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Baltimore Co.  Woodstock  10c. CITY, TOWN OR LOCATION  Woodstock  10c. STREET AND NUMBER  10f. ZIP CODE  2.1163  11. MARNITAL STATUS  10 Never Married  11. Never Married  12. WAS DECEDENT EVER IN U.S. ARMEO  13. WAS DECEDENT OF HISPAI  14. Never Married  15. DECEDENT'S EDUCATION  (Specify Only highest grade composed)  Elementary/Secondary (0-12)  Sth Grade  17. FATHER'S NAME (First, Middle, Last)  John William Langrehr  19a. INFORMANT'S NAME (Pype/Print)  Mrs. Patricia Hoggard  20b. PLACE AND DATE OF DISPOSITION (Name of Carrently or other place)  21. Signature of Funeral Service ucensee  22. NAME AND ADDRESS OF A Loring Byers  37. SATE (CALLES Effort)  23. PART /. Enter the diseasese, or complications that coused the deeth. Do not enter the mode of dying, suc shock, or heart felture. List only one cause on each line.	ROBERT H. LANGREHR SR.  4. SOCIAL SECURITY NUMBER 216-01-0378  5. SEX 16. AGE (In yrz. last birthday) 17. DATE OF BIRTH (Mortins Davrs Mouris DAVR MOURIS DECENDENT OF HISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mastean, Puerto Rican, etc.)  106. STREET AND NUMBER 106. COUNTY  Mary Manuer  108. DECEDENT'S EDUCATION (Give Wand or DATES DECEDENT OR DAVR MOURIS DECENDENT OF HISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mastean, Puerto Rican, etc.)  11. WES 2 DAVID DAVR MASTEAN, DECEDENT OR HISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mastean, Puerto Rican, etc.)  18. DECEDENT'S EDUCATION (Give Wand or DATES DAVR MOURIS DECENDENT OF HISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mastean, Puerto Rican, etc.)  18. DECEDENT'S EDUCATION (Give Wand or DATES DECEDENT OR HISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mastean, Puerto Rican, etc.)  19. SECRETARY NAME (First, Middle, Last)  10. DATE DAVE DAVE DAVE DAVE DAVE DAVE DAVE DAV	ROBERT H. LANGREHR SR.  4. SOCIAL SECURITY NUMBER  216-01-0378  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 2 F 76  1 XM 3 C F 84  1 XM 1 C F 84  1 XM	

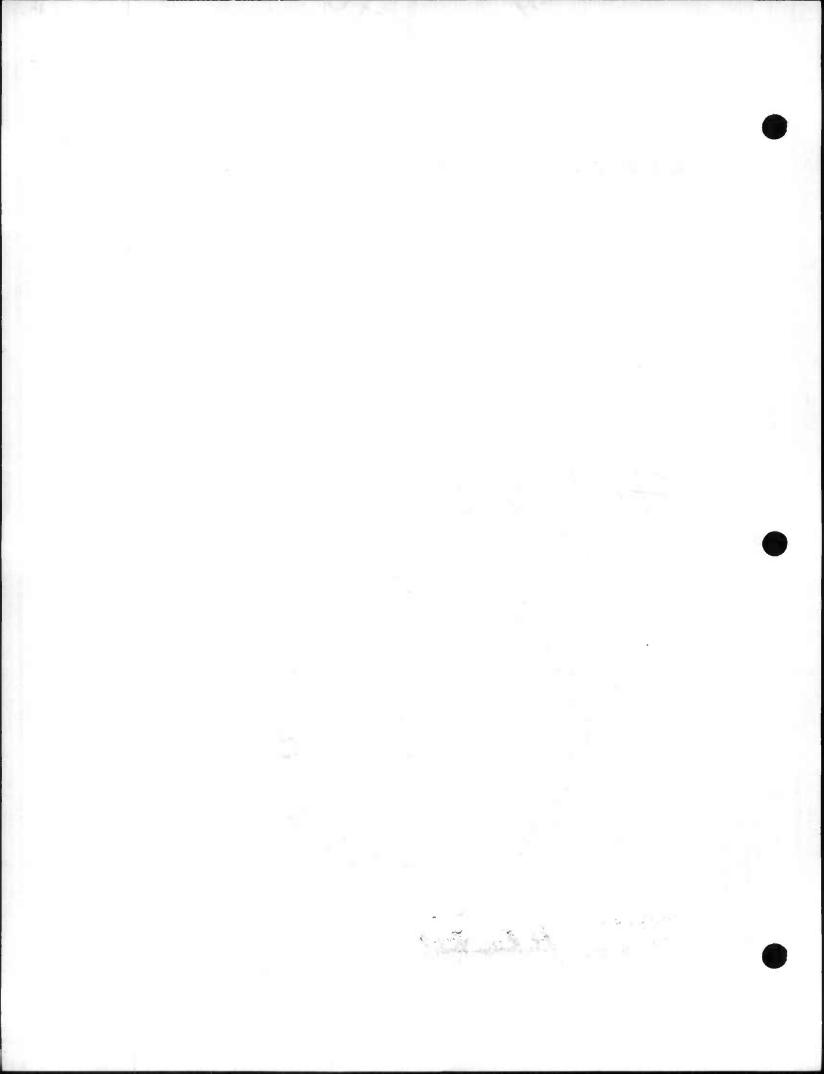
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89



1 - FOR STATE REGISTE	RAR		STATE OF N	MARYLA	ND / DEPAI CERTIF					MENTAL HYGI			
SAI	· ·	-OCK	LEAR	_	Gary L			*		2. DATE OF DEATH MONTH	DAY 5	93	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. 29								24 HRS.	7. DATE OF BIRTH (Month, Day, Year	163	8. BIRTHPLACE (State or Foreign Country)  North Carol	
	AME (If not institute of the control		treet end number)			<b>96. с</b> пт		OR LOCATI	ON OF DE				
RESIDENC	OF DECE	DENT											
100. STATE Md		Ob. COUNTY				Baltimore						10d. INSIDE CITY LIMITS?  1) YES 2 ND	
100. STREET A	NO NUMBER						10	f. ZIP COD	E		10g. C	ITIZEN OF	WHAT COUNTRY?
100. STREET A	S. Lal	cewoo	od Ave.						212	24	Ţ	JSA	
3 Widowed	ATUS rried 2 M. 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO		If yes, sp			IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		Spec	E — American Indian, k, White, etc. #y: rican In
Elementary 8th	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)					ise retired.)		ON ost of worldi	ng	16b, KIND OF			
Notice Notice													
17. FATHER'S NAME (First, Middle, Last)  James Locklear  Anne Chavis													
19a. INFORMAN	T'S NAME (Type	e/Print)			19b. MAILIN	G ADDRES	S (Street e	1		noute Number, City or	Town, State,	Zip Code)	
Mr. &	,Mrs	. Ja	mes Loc	klea						ve. Bal			21224
			ovel from State	206.6	PLACE AND DATE	OF DISPOS	ETTION /NI				LOCATION -		
4 L. Donation	5 L. Other (S	pecify!		_ Oa	klawn	Cen				2/18 Ba	1tim	ore,	Md.
21. SIGNATURE	OF FUNERAL I	BEHINDE LIC	The Par	11	20			ND ADDRE			401	s (	hester
VO Sequentially if any, leadir CAUSE (Disc	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injur								Onset and D				
w II													
PART II. Oth	er algnificant	condition	a contributing to	desth bu	t not resulting	In the u	deriyin	g cause g	given in	Part I. 24a. WAS	AN AUTOPS	Y 248	. WERE AUTOPSY FINDIR
	cute		Renal	/	Fail i	use.				PER	248. WAS AN AUTOPSY PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE EXAMINER 1 VES		MEDICAL						LACE OF D	EATH (Che	ack only one)			
1 TYES		- 12	HOSPITAL:	ER/Outpat	tlent 3 🗆 DOA	4 - Nu		ne 5 🗆 Re	esidence	6 Other (Specify)			
27. MANNER OF	5 Pe	nding restigation	28e. DATE OF (Month, D		28b. Til	IE OF JURY M	WC	JURY AT ORK? YES 2	NO	28d. DESCRIBE HO	W INJURY O	CCURED	
	6 🗆 Co	ould not be termined	28e. PLACE O building,	of INJURY - etc. (Specif	— At home, farm,	street, fac	tory, offic		à.	28f. LOCATION (Str. City or Town, St	eet end Numb ate)	per or Rural	Route Number,
4 Hemici  29e. CERTIFIER (Check only one)	CERTIF									to the cause(e) and time, date and place			s) and manner as state
296. SIGNATUR	msan	n m	2P .						ENSE NUM	-	29d. D	ATE SIGNED	(Month, Day, Year)
30. NAME AND			O COMPLETED CAUS				E 4	•					
1.00	(Month, Day, Ye. 6 199;	nr)	A Buils	A PONA	TURE_	-//	ر ا	··· / <del> //</del> //	To pe	E //· \			



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	_	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	MENT OF H	HEALTH AND	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last)	LEFT	2				DAY YES	
Pin		4. SOCIAL SECURITY NUMBER 090 32 7677			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1893	Poland
, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give sind Hebrew Home of RESIDENCE OF DECEMENT	Greater Was	shingto	On	ROCKVIL		9c. COUNTY	gomery
physician. burial-transit permit, Pages 1, 2,	DIRECTOR	Maryland Mo	ntgomery		WN OR LOCAL				10d, INSIDE CITY  JMITS?  1 1 YES 2 NO
an. ransit pern	FUNERAL	6121 Montrose			101	20852			of what country?
attending physician se as the burial-tra	B	11. MARITAL STATUS  1 Naver Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 { IF YES, GIVE WAR OR DATES		If yes, sp	CENDENT OF HISPA ectly Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yon, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: aucasian
9 5	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	DECEDENT'S USU (Give kind of work ille. Do NOT use rel	done during mo	ON ast of working	W.A.	-emplo	RY	
d by the hospital of the detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest)  Jacob Zamzok					ME (First, Middle, Meide ine Unkn	n Sumame)	yeu
y be retained to age 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print)  Joan Lipnick A	belson	196. MAILING ADD 6430	Kenho	ond Number or Rural	Route Number, City or To , Bethes	wn, State, Zip Code da, Md	. 20817
death. Page 6 ma funeral director, p		20e. METHOD OF DISPOSITION 1/5-Burlet 2 Cremetion 3 Ramov 4 Donation 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LIGHT	al from State cemetery,	EANDDATEOFDI crematory or other p Ararat	Ceme	etery ND ADDRESS OF FA	2-4-93		Island, NY
h certificate be executed within 24 hours inding physician and completely filled in Hygiene prior to burlal, cremation, or re or other traumatic event, the mec	CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS	BEOUENCE OF):  IMBEGUENCE OF):  MER	MUN	E F	YNETIC		Approximate interval Between Onset and Desth  2 WEEK  3 MONTH
been signed by t. of Health and shows any II	MEDICAL	PART II. Other significent conditions  HYPELTENS,  DISEASE	contributing to deeth but no	t resulting in th	ECULA	g couse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SiCIAN: The law certificate has the State Dep 1, or Item 23	PHYSICIAN:		fOSPITAL:		HEN:	ACE OF DEATH (Ch			
NG PHYSICIA fter this certil sath with the marked, or		27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	
TTENDING TOTAL After death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street			261. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
10年 10日 3日	COMPCE	298. CERTIFIER (Check only 1 CERTIFYING PHYSICI)	N: To the best of my knowledge,	death occurred at	the time, data my opinion, de	and plece, and due	to the cause(s) and ma	nner on stated.	e(s) and manner so stated.
TO THE HOSPITAL TO THE FUNKFAL De fled within	TO BE C	29h. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	Lysan	- M	D	DOS 8			JED (Montyl, Day, Year)
15		STEVEN L  31. DATE FILED (Morith, Day, Year) FEB 16 1993	PSON, M.  32. REGISTRAR'S SIGNATURE  Javidson—Randal	P, 6		MONT.	ROSE A	D, Ro	PCKVILLE

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must be notified at once.

examiner

medical

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Injury, or other traumatic event,

item 23 shows any

28 is marked, or

IMPORTANT: If item

THE HOSPITAL THE FLINGRAL filed within The

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COMPLETED

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4 Homicide

BALTIMORE, MARYLAND 21215-0020

ISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be ATTENDING PHYSICIAN: The law

ATT NOTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CLAR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran	
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03565 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ROBERT HAROLD LILLER 02 93 04 1750 Pw 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 XM 2 - F 723147031 YRS. 09 13 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Mineral Keyser 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt. 1 26726 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 1 TES 2 NO В Specify. 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 8 Crane Operator Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles L. Liller Alice McNemar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harold R. Liller Box 87 WV Burlington, 26s. METHOD OF DISPOSITION
1 Spuriel 2 Cremation 3 Removel from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cabin Run Cemetery 2/07/93 Keyser, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 85 S. Main Street Brean Keyser, WV 26726 Rotruck-Smith Funeral Home 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List Dniy one ceuse Dn each line. interval Betw IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition resulting in death) Cespinson DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If sny, leading to immediate cause. Enter UNDERLYING arrest CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Comman PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY BY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS

- Seizen	es meletus.	Jusul.	- Degenent	1 □ YES 2 X NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (CER:		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCUI	RED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	ctory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

29s. CERTIFIER

\*\*Check only\*\*

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the ilme, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D21244

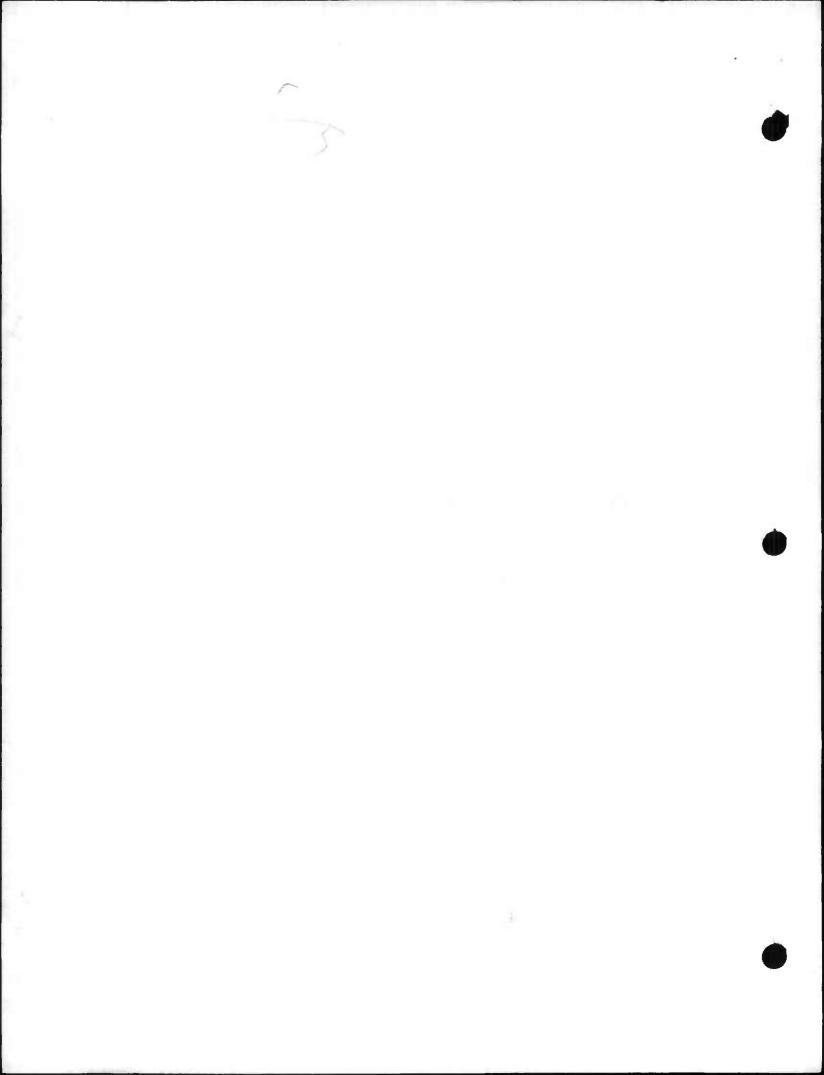
	~	10	sus	4	7	•					
10	NAME AND	ADDRES	S OF PE	RSON W	но сс	MPLETED	CAUSE	OF DEATH	(ITEM 27) (Type,	Print)	 _

JESUS TANM.D. FROSTBURG PLAZA FROSTBURG MD. 21532

32. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

2/8/93



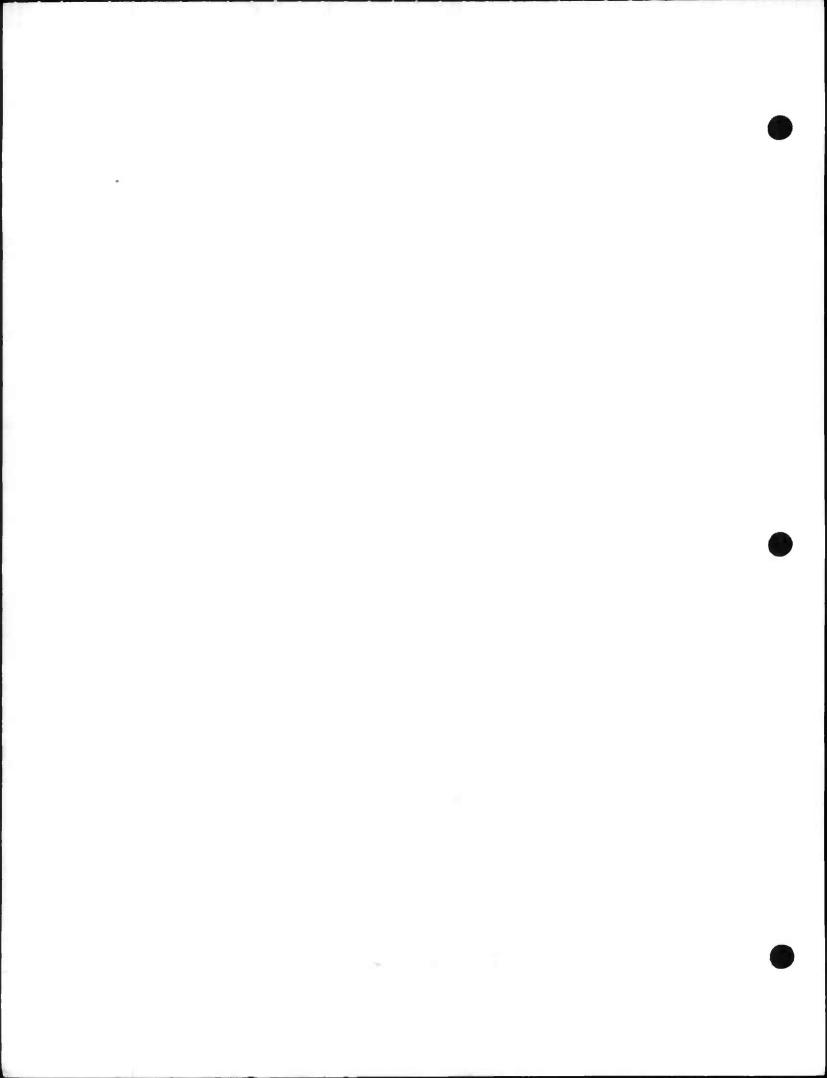
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

	1 - STATE REGISTRAR	CI		CATE OF		MEN IAL	REG. NO.	_		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH	00		3. TIME OF DEATH
	Andres David	~		Lopez		0 2	0.7		91	0330 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		8. BIRTH	PLACE (State or Foreign
	579-02-7887 1\(\frac{1}{2}\) M 2 \(\Delta\) F	64	YRS.	MONTHS DAYS	HOURS MIN.		Day, Year) 0-19	28	Country	uba
	9a. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOWN C	R LOCATION OF DE		.0 .	-	NTY OF DE	
OR	Holy Cross Hospital Silver Spring Montgome									merv
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		1 40 - 0000			. 9		1101	LGOI	
E I			10c. CITY	r, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
	Maryland Montgo  100. STREET AND NUMBER	mery			Wheato	on				1 YES XX NO
RA	12021 Bluhill Road			101	ZIP CODE			10g. CITI		HAT COUNTRY?
FUNERAL		ENT EVER IN U.S. AR	MED	40 3770 7750	2090			L.,	USA	
	1 Never Merried 2 Merried FORCES?	1 YES 2	NO	If yes, spe	ENDENT OF HISPAI cify Cubsn, Mexico	n, Puerto Ri	(Specify Yes can, etc.)	or No-	Black,	American Indian,     White, etc.
B	3 Widowed 4 Divorced	WAR ON DATES		1X YES	2 NO Specif	Cubar	1		Specify	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DE	CEDENT'S	USUAL OCCUPATIO	N		KIND OF BUS	SINESS/IND	USTRY	WILLCE
<u> </u>	Elementary/Secondary (0-12) College (1-4 or		Do NOT us	vork done during mos e retired.)	it of working					
ĕ I	12th		Car	penter			Se	1f-E	Imp1	oyed
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Sumeme)		
BE	Ramon Lopez						a Ga			
0	19a. INFORMANT'S NAME (Type/Print)	- 1		ADDRESS (Street a						
	Maria C. Diaz			eek La						
	20e. METHOD OF DISPOSITION  1 Burlet 2 Coremetion 3 Removal from State	cemetery, cre	metory or of	F DISPOSITION (Na.			20c. LO			
	4 □ Donation 5 □ Other (Specify)	Metr	o Cr	emator	y, Inc.	2-1	2 Ba	<u>ltin</u>	nore	, MD
ł	Ser E Menty	4					v of	Mar	·v1a	nd, Inc.
	George E. MacNabb			299 F	rederio	k Ro	B B	alto	)	MD 21228
	23. PART I. Enter the diseases, or complications to shock, or heart failure. List only one c	nat ceused tha de	ath. Do n	ot enter the mo	ia of dying, suc	h sa cardi	ac or reapi	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Finel									Interval Between Onset and Deeth
ļ	resulting in death)	tiple V	mu	rils						
ı	DUE 1	O (OR AS A CONSEC	DUENCE OF	):						
8	Sequentielly list conditions, b.	O (OR AS A CONSEC								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	O (ON AS A CONSEC	JUENCE OF	):						
윤	CAUSE (Disease or injury that initiated evente DUE 1	O (OR AS A CONSEC	DUENCE OF	):						
	resulting in death) LAST									[
	DART II Oakes classificant and the same at the									1
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing	o death but not r	eaulting in	n the underlying	ceuse givan In	Part i. :	PERFORI			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						- 1	YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
Σ										1 X YES 2 - NO
A I							_			
할	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. PL	ACE OF DEATH (Ch	eck only one;				
₹	1	ER/Outpatient 3		4 - Nursing Home						
	1 Natural 5 Pending (Month,	Day, Year)	26b. TIME INJU	JRY WOI	RK?	26d. DE\$C	RIBE HOW IN	NJURY OCC	CURED	
à	2 Accident Investigation 02 0	7 1993 OF INJURY — At ho	033		ES 2 NO	Subj				oy auto
	3 Suicide 6 Could not be determined 25e. PLACE buildin	g, etc. (Specify)				City or	TON (Street at Town, State)			
COMPLETED	29e. CERTIFIER		stre			719				BlvdEas
₹ I	(Check only   CERTIFYING PHYSICIAN: To the beat									
8	2 MEDICAL EXAMINER: On the basis of	examination end/or i	riventigation	n, in my opinion, de	ath occured at the	time, date a	nd place, and	d due to the	e Ceuse(s)	end menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11.110			29c. LICENSE NUM	IBER		29d. DATE	SIGNED (	Month, Day, Year)
2	10 Mary All May	WIND			O.C.M	E		0.2	0.7	1993
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA									
-	Donald C. Wright M. 31. DATE FILED (Month, Day, Year) 32, REGISTS	D. 11.	I Pe	nn Stre	et, Ba	ltim	ore,	Mar	ylar	nd 21201
		AR'S SIGNATURE	· ~							
	FEB 1 6 1993 Jul	is Deviden	fonde	1						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE MOSPITAL OR ATTENDING PHICA LAND THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

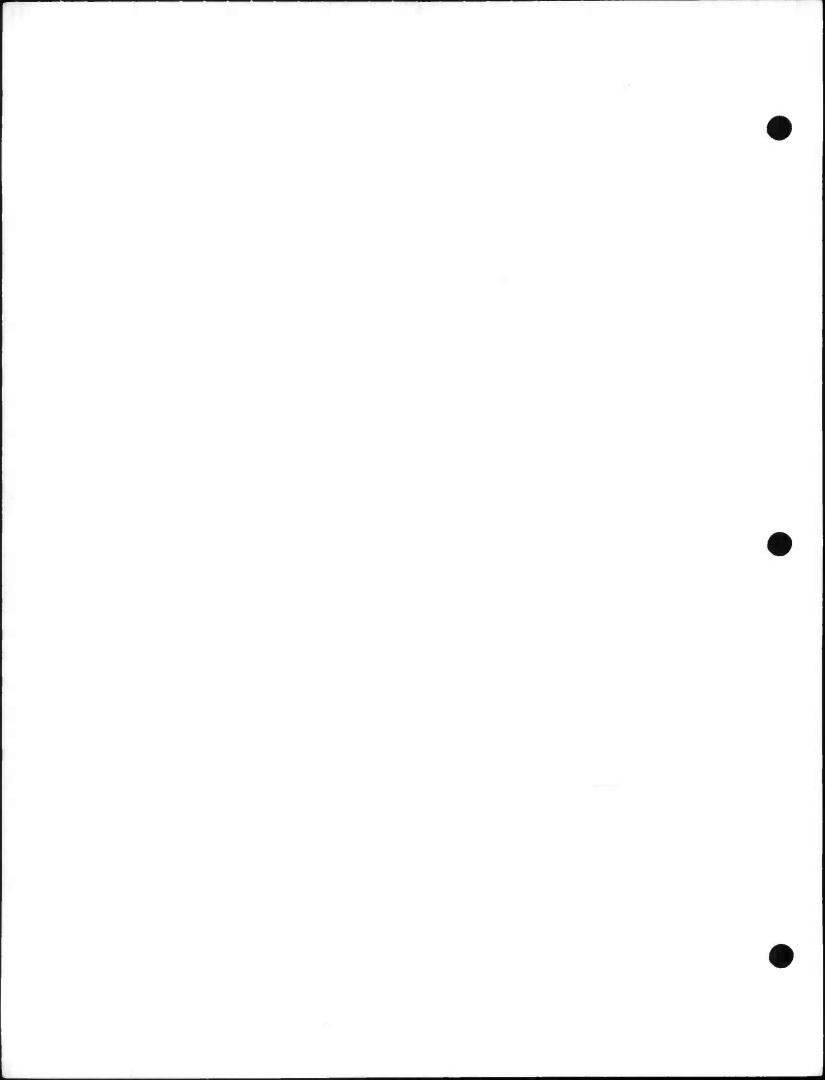
TO THE FUNERAL DIRECTOR AND CONDITIONAL DIRECTOR AND COND BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HIANT: If them 28 is manued, or item 23 shows any injury, or other traumatic event, the medical examiner must be noti

E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

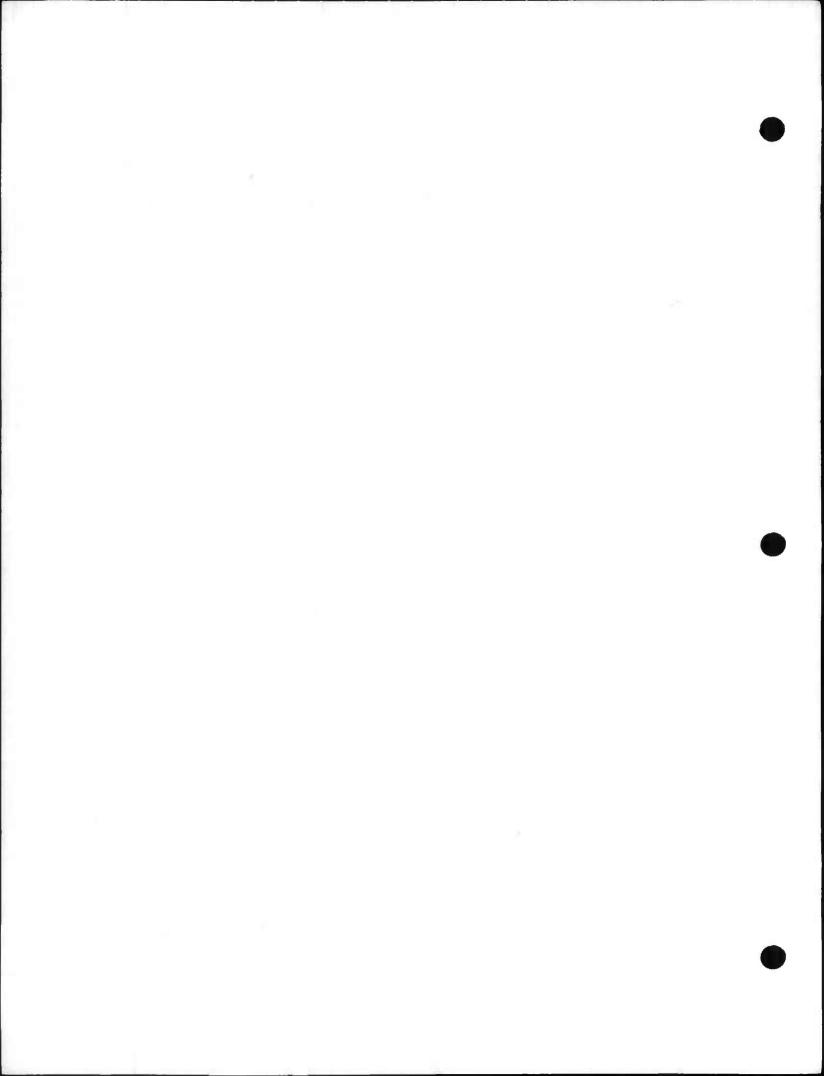
TO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH		3. TIME OF DEATH
	MOZELL	LOC	CKHEAR	[ (LOCKH	ART)	02	09	93	10:20 A M
		5. SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DE E		8, BIF	THPLACE (State or Foreign intry)
	228-84-0718  9e. FACILITY NAME (If not institution, give stre	1 T M 2 X F 37 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 12-15-55							MD DEATH
DIRECTOR	1218 WEST NORT				MORE C		96. (	OUNTY OF	DEATH
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATE	ION				10d. INSIDE CITY
	MD		Ba 1	timore					LIMITS?
Z	10e. STREET AND NUMBER			101.	ZIP CODE		10g.	CITIZEN DI	F WHAT COUNTRY?
FUNERAL	2613 Pennsylvani				217	_		USA	φ <sup>2</sup>
	11. MARITAL STATUS  1 XXNever Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	NO	13. WAS DECI	ENDENT DF HISPA	NIC DRIGIN? (S	pecify Yee or No-	Bi	ACE — American Indian, ack, White, atc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	5	1 - YES	2 XND Speci	fy:		Sp	Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18-	. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIN	D OF BUSINESS	/INDUSTRY	Drack
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use		t of working				
MP	12th grade		Unemplo	oyed					
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		s, Meiden Surnem	o)	
B	19e. INFORMANT'S NAME (Type/Print)			- Property of	Mary G				
2	Michael Whisonant				d /D = 1+				
	20e. METHOD OF DISPOSITION	20b. PL		DISPOSITION (Nat	d./Balt	DATE	20c. LOCATION		Town Chate
	1 Donation 8 Other (Specify)	rel from State cometer	stern Si	tar Ceme	terv	DATE	Catons		
	21. SIGNATURE OF FUNERAL SERVICE LICES	MSEE )	-		D ADDRESS OF FA	CILITY	0 4 0 0 11 3	V 1110	, 10
	* Conosse	The same		WM C.	MARCH	F.H./11	01 F.N	ORTH	AVE
	23. PART I. Enter the diseases, or co	implications that caused the	e daath. Do no						Approximata
	IMMEDIATE CAUSE (Final	lat only one cause on each	line.						Interval Between Onset and Death
	disease or condition resulting in death)	FATTY METAMO	RPHOSIS	OF THE	LIVER				
		DUE TO (OR AS A CO	NSEOUENCE OF)						
8	Sequentially list conditions, b.	CHRONIC ALCOH							
AT	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEOUENCE OF):						
띮	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CO	NSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART II. Other aignificant conditions	contributing to death but a	ot secultine in	the conductions	and a subsect of	I			
B	The state of the s	contributing to death but i	iot resulting in	tha underlying	cause given in	Part I. 24a.	PERFORMED?	SY 24	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						- 19	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
≥						-			1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	eck only one)			
Si		HOSPITAL: 1   Inpatient 2   ER/Outpatier		OTHER:	5 Residence		ectiv) TNI	HALI	TATATA
E	27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	BY AT		E HOW INJURY		WAI
B	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, str	eet, factory, office		28f. LOCATION City or Tox	(Street end Num	ber or Rura	l Route Number,
COMPLETED									
를Ⅱ	29e. CERTIFIER (Check only one)	AN: To the best of my knowledge	e, death occurred	at the time, date of	end place, end due	to the cause(e)	and manner ee	eteted.	
8		Dn the basie of examination and	d/or investigation,	In my opinion, de	ath occured at the	lime, date end	place, end due to	the ceuse	e(s) end menner ee stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	0 00 .			29c. LICENSE NUI				ED (Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF BEDROOM HOLD	La Churte	rup		0.C.	M.E		02-	10- 1993
	30. NAME AND ADDRESS OF PERSON WHO				יעם הבים	г ФТМОТ	DE MAD	VT 7 7 7 1	ID 21201
ı			ED	TATA DIV	ULL DA.	PITIMOL	CL, MAR	ILAN	IN STAUT
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR							
	FEB 1 6 1993	32. REGISTRAR'S SIGNATUR							



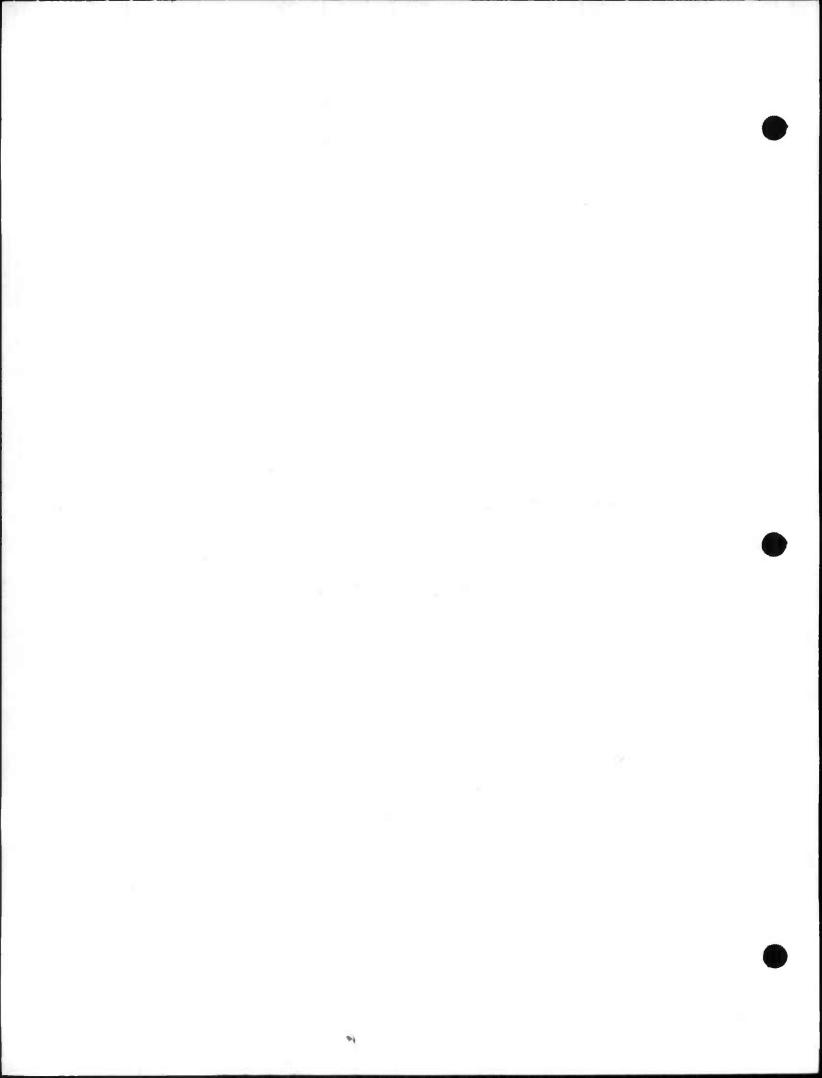
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DING PHYSICIAN: The law mourtes with	After this certificate has been upper by
NOING PHYSICIAN: The law mauges with	R: After this certificate has been upper by
ITENDING PHYSICIAN: The law manges and	TOR: After this certificate has been upped by
ATTENDING PHYSICIAN: The law mounted by	ECTOR: After this certificate has been uponed by
OR ATTENDING PHYSICIAN: The law mounted but	INFECTOR: After this certificate has been upper by
L OR ATTENDING PHYSICIAN: The Incompany	L DIRECTOR: After this certificate has been upper by
TAL OR ATTENDING PHYSICIAN: The Law Impures Law	AL DIRECTOR: After this certificate has been upper by
SPITAL OR ATTENDING PHYSICIAN: The Law Impuges New	VERAL DIRECTOR: After this certificate has been upper by
IOSPITAL OR ATTENDING PHYSICIAN: The law magazes was	UNERAL DIRECTOR: After this certificate has been upper by
HOSPITAL OR ATTENDING PHYSICIAN: The Law mountain	FUNERAL DIRECTOR: After this certificate has been upper by
'HE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires the	'HE FUNERAL DIRECTOR: After this certificate has been upper by
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires has	THE FUNERAL DIRECTOR: After this certificate has been uponed by
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Livergraph of the death certificate be executed within 2+ nours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been alreading physician and completely filled in by the funeral director, p

	1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Little			2. DATE OF DEATH MONTH 2 13	9 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212 - 60 -6547	5. SEX 6. AGE (In yrs. les	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT	HPLACE (State or Foreign try)		
RO	9a. FACILITY NAME (If not institution, give	0 24 11 4 1		TOWN DR LOCATION OF D	EATH	9c. COUNTY OF S	DEATH		
RECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY		
AL DIR	10e. STREET AND NUMBER		Boutiv	101, ZIP CODE	1	10g, CITIZEN OF	VES 2 □ NO		
FUNERAL	2144W - PA	tapsco Ave		212		()3	SA		
₩	Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic I YES 2 NO Speci	en, Puerto Rican, etc.)		CE — American Indian, cik, White, etc.		
LETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)		CEDENT'S USUAL Of the kind of work done to NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
at once.	17. FATHER'S NAME (First, Middle, Last)	1/2	IACA!!	16. MOTHER'S N.	AME (First, Middle, Maiden S	Syrnama)			
TO BE	19a, INFORMANT'S NAME (Type/Print)	1 -177	b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	BUTIMENER		
2	20a. METHOD OF DISPOSITION  1 Method 2 Cremetton & Ren	20h.glace/	AND DATE OF DISPOS	My KA //	DATE 202 LOC	CATION — City or T	21230 own, State		
er must	4 Donation 5 Other (Specify)	novel from State	von pa	K(5/n)	2/20193 BA	Dimor	e MD		
examir	Xam 197	Mont		JARY (, )	MARCH FL	S BAI	1. MD. 21229		
medical examiner	23. PART I. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between interval Between								
å	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Status epi	lepticar				2days		
Z eve		DVESUMED DVESUMED		toxoplasm	10575		6wKs		
other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Agured Im	DUENCE OF):	toxoplasm ehcienay	Syndrow	4.0	248.		
P	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):		Jimes				
물물	PART II. Other significant condition	ns contributing to deeth but not r	esulting in the un	derlying ceuse given in	Part I. 24a. WAS AN / PERFORI		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC					1/2 YES 2		COMPLETION OF CAUSE OF DEATH?		
AN: N	25. WAS CASE REFERRED TO MEDICAL						T TES ZE NO		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Num	26. PLACE OF DEATH (CI R: sing Home 5  Residence					
merked, o	27. MANNER OF DEATH  1 Netural S Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED			
28 1s	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At hol building, etc. (Specify)	me, ferm, street, fect	ory, office	28f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,		
의		SICIAN: To the best of my knowledge, de ER: On the beste of examination end/or i					(e) and manner as stated.		
BE	SIGNATURE AND TITLE OF CERTIFIE	MO		29c. LICENSE NU		29d, DATE SIGNED	0 (Month, Day, Year) -13-93.		
7		NO COMPLETED CAUSE OF DEATH (ITE		ins Hop	Kins H	tos pital			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	30,	1107	July (				



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r removal.	redical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	TO THE PANERAL DIPECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Panes 1.2 3 should	be filed within 72 fours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGII		93 03569			
	1. DECEDENT'S NAME (First, Middle, Last)	MARY N	N. MELL	OTT		2. DATE OF DEATH MONTH Feb. 13	DAY	7EAR 3. TIME OF DEATH			
CTOR	4. SOCIAL SECURITY NUMBER 213-20-2166	1 🗆 M 2 💢 F	83 YRS. MG	3 YRS. MONTHS DAYS HOURS MH			s. 7. DATE OF BIRTH (Morith, Dely, Year) Dec. 25 1909  B. BIRTHPLACE (State of Country) Maryla				
		6401 Loch Raven Blvd.			imore C		9c. COUNT	Y OF DEATH			
DIRECTOR	Maryland 10b. count	r	10c. CITY, T	own on Locat Balt	imore C	ity		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
FUNERAL	10a. STREET AND NUMBER 6401 LOCH	Raven Blvd.			ZIP CODE	21239	Uni	n of what country? ted States			
B	1 MARITAL STATUS  1 Mever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 VINO	If yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:		I. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S USI (Give kind of work life. Do NOT use n	done during mos tired.)	N I of working	16b. KIND OF	BUSINESS/INDUS	STRY			
- 1	17. FATHER'S NAME (First, Middle, Last) Edwar		Clerio	cal		AME (First, Middle, Maid		noun)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Wilda D. Burdett	<del>-</del>	196. MAILING AD	oress (Street as Teklen	d Number or Rural	Agnes  Agnes Number, City or  Westmins		ode)			
	20e. METHOD OF DISPOSITION 1   Surial 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	206	PLACE AND DATE OF E netery, crematory or other CATCIENTS OF	ISPOSITION (Ne	ne of	DATE 20c	LOCATION - CH	y or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Knight Jr	22. NAME AN	ADDRESS OF F	MOII ITY	altimor	e, Md.21214 Harford Rd.			
HILLAIION	23. PART I. Enter the diseases, or abock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	enter the mod	de of dying, aud	what cerdlec or re	applications arress	t, Approximate Interval Between Onset and Daeth			
MEDICAL CE	PART II. Other aignificent condition	e contributing to deeth b	out not resulting in t	he underlying	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
H TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (C)						
DI FIN	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJU	RY AT	sidence 6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED  ] NO					
2   20	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	if, factory, offica		261. LOCATION (Stre City or Town, Str	eef and Number or ste)	Rural Route Number,			
COMPL		CIAN: To the best of my know						ause(a) and manner as stated.			
20 00	296. SIGNATURE AND TITLE OF CERTIFIER	lith Sm	itt 11	n.D.	29c. LICENSE NU	869	29d. DATE S	IGNED (Month, Dey, Year)			
	30. NAME AND ADDRESS OF PERSON WHO Dr. Meredith W. 31. DATE FILED (Month Day Mar)	Smith M.D.	1900Northe		y. E E	Baltimore	, Md. 2	1239			
	31. DATE FILED (Month, Dey, Year) 1 6 1993	32. REGISTRAR'S SIGN	-handese								



3. TIME OF DEATH

REG NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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<b>BOX 6876</b>	
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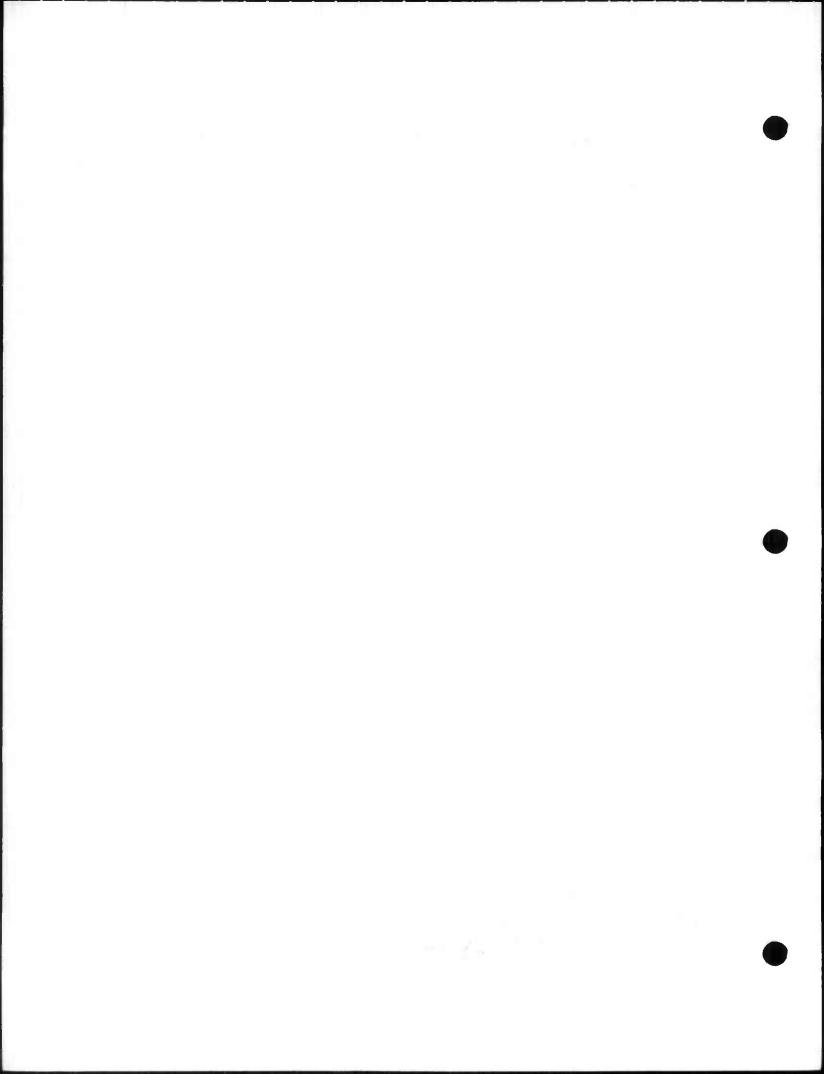
YEAR JR 110 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 13 M 2 - F 212184536 ال MD 7/27 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE, CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2829 GUILFORD AVENUE 21230 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 X X10 SpecifyWHITE BY Specify 3 Widowed 4 Divorced WW II 15. DECEDENT'S EDUCATION (Specify only highest grade complete COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) stary/Secondary (0-12) College (1-4 or 5 +) **HEAT & AIR CONDITION** 12th grade STATIONARY ENGINEER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at EDWARD J. MONAGHAN, SR, LILY ROSE STEWART BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 STEWART KELLY 2829 GUILFORD AVENUE, BALTIMORE, MD 21230 ě 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Green Mount Crematory 4 Donation 5 Other (Specify) Baltimore City examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Charles L. Stevens Funeral Home, Inc. n by the free removal. 1501 E. Fort Avenue, Baltimore, 21230 medicai 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by 1 Approximata shock, or heart fallure. List only one cause on each line. Interval Betw 6 IMMEDIATE CAUSE (Final **Onset and Death** has been segred by the attending physician and completely file.

Dept. of Aleatific and Mental Hygiene prior to bunal, cremation,

1.23 shows any Inlam or when disease or condition\_ schemic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY 1 | YES 2 | WHO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) Hem DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item HOSPITAL OTHER: PHYSICIAN: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 4 Nursing Ho 27. MANNER OF GEATH 26a. DATE DF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Mitural
2 Accident 5 Pending Investiga M 1 YES 2 NO BY ATTENDING 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide OR 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I HOSPITAL IMPORTANT: If 2 \_\_\_\_ MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE. 80 光 THE BE Chrom 020 2 16/5 223 0 WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

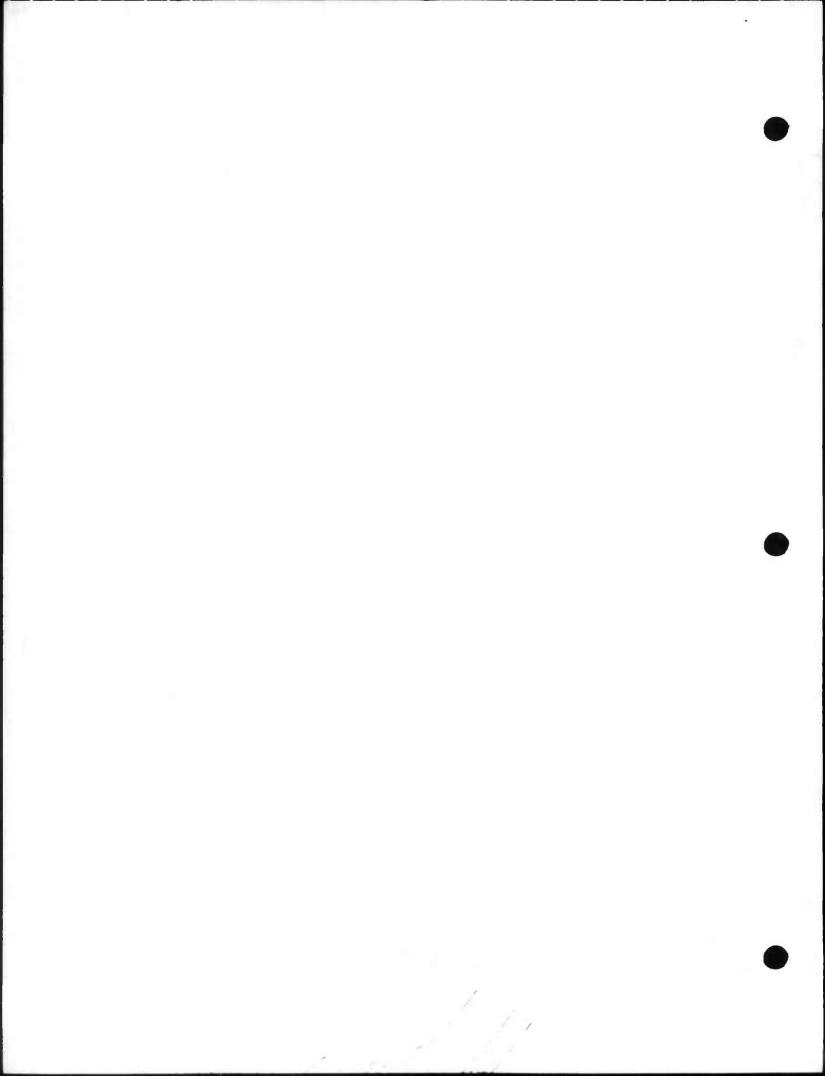
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 



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is and used with the care both. Or reach and mental hyperic prior to buriar, defination, or removal,	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
acous.	the m	
. 5001	event,	
m Daila	/ Injury, or other traumatic	
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_ 1	1 - STATE REGISTRAR	STATE OF I	WARYLA	AND / DEPA CERTI	RTME	IT OF H	DEAT	AND I		HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	susann	A R		GEZ				2. DATE OF MONTH FEBRI	DEATH DA	12.1	993 1	3. TIME OF DEATH .0:50 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX		n yrs. lest birthde	) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH lay, Year)		8. BIRTHP Country)	LACE (State or Foreign
	214-22-0809 Se. FACILITY NAME (If not institution, giv		86	1113.	9b. CI	TY, TOWN I	OR LOCATE	ON OF DE	DEC.	1/,1		MAR NTY OF DEA	YLAND
e G	HOWARD COUNTY GE	·	PITAI	L	"		MBIA				Sc. 000	HOWA	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	ITY		10c. C	TY. TOW	OR LOCA	TION					1.	IOd. INSIDE CITY
DIR	MARYLAND	HOWARD				UMBIA							LIMITS?
3AL	10e. STREET AND NUMBER						. ZIP COD						IAT COUNTRY?
FUNERAL	12290 GREEN MEAD	OW DRIVE	APT.		Τ.	WAS DEC	210		IIC ORIGIN? (	D M W		.S.A.	
à là	1 Never Married 2 Msrried	FORCES? 1	YES	2 K 100		if yes, sp	ecity Cube	n, Mexica	n, Puerto Rici	specify fee in, etc.)	or No-	Black, Specify:	- American Indian, White, etc. WHITE
[월]	15. DECEDENT'S E (Specify only highest gra			16a. DECEDENT (Give kind o Me. Do NOT	S USUAL	OCCUPATH	ON ast of worldi	10	16b. KI	ND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	HOUSE		.)				OWN	HOME		
SO.	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Midd	de, Maiden	Sumame)		
BE	THEODORE R. WEST								A R. I				
임	194. INFORMANT'S NAME (Type/Print)  JOHN D. MAGEZ II	I (SON)							Route Number,				MD.21044
	20a. METHOD OF DISPOSITION 1X XSurial 2 Cremation 3 Re			PLACEANDDAT	E OF DISP	SITION (Ne		W DK	OATE			City or Town	
	4 Donation 5 Other (Specify)		DRI	etery, crematory of RID	GE C	<b>EMETE</b>		2/	17/93	PIK	ESVI	LLE, M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	) :	L		L.		M. &	RUS	SELL (				RAL HOMES
	23. PART I. Enter the diseases, o shock, or heart feilur	r complications tha	t caused	the death. Do	not ent	er the mo	de of dy	ing, sucl	h as cardia	or respi	ratory an	reat,	Approximate
	iMMEDIATE CAUSE (Finei disease or condition	2.01 01117 0110 000	. A	*	0	100	-						interval Between Onset and Death
	resulting in death)	a. DUE TO	(MAS A	CONSEQUENCE	OFI: /\	NU	v			· · · · · · · · ·			-
z	Commence that the state of the	. <u>.</u> w	tro	10-1	ele	1	14	1					İ
ATIC	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	OUE TO	(DR AS A	CONSEQUENCE	OF):			-					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A	CONSEQUENCE	OF):								
EHI	resulting in death) LAST	d											
CAL C	PART ii. Other significent conditi	ona contributing to	deeth bu	it not resulting	in the	underlyin	g ceuse (	given in	Part I. 24	MAS AN			WERE AUTOPSY FINDINGS
	:			1					_   1	□ YES 1			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDI									-		/ 3		☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY					26. Pt	ACE OF D	EATH (Che	eck only one)				
YSIG	1 TYES 2 NO	HOSPITAL:	_	dient 3 🗆 DOA	4 D N		• 5 □ Re	reidence	e □ Other (S	(pecify)			
ву Рн	27. MANNEW OF DEATH  1 Hetural S Pending 2 Accident Investigation	2/12	197	10	55°		URY AT PRK? FEB 2	] NO	38d. DESCR	IBE HOW II	NJURY OC	CUMED	
	3 Suicide 6 Could not b	* PLACE O building.	INJURY - etc. (Specif	— At home, farm	, street, fa	actory, offic	•			OM (Street a Switt, State)	ind Number	r or Runei Ros	uter Mumbale
COMPLETED		/SICIAN: To the best of NER: On the basis of s											and manner as stated.
BE	295. SIGNATURE AND TITLE OF CERTIF	talin	na				29c. LICI	ENSE NUM	TZE	3.	29d. DAT	2 1 /	1793
2	LEONE	VIII) COMPLETED CAUS	3 F	FRA	10	NX	7 3	#1	59	SIL	10	15	MIZIM
5	31. DATE FILED (Month, Dwy, Year)	32. REGISTRA			7					-		1	1 46
	FEB 1 6 1993	guha De	Mason	Mandall								7.2	



1 - STATE REGISTRAR	1

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

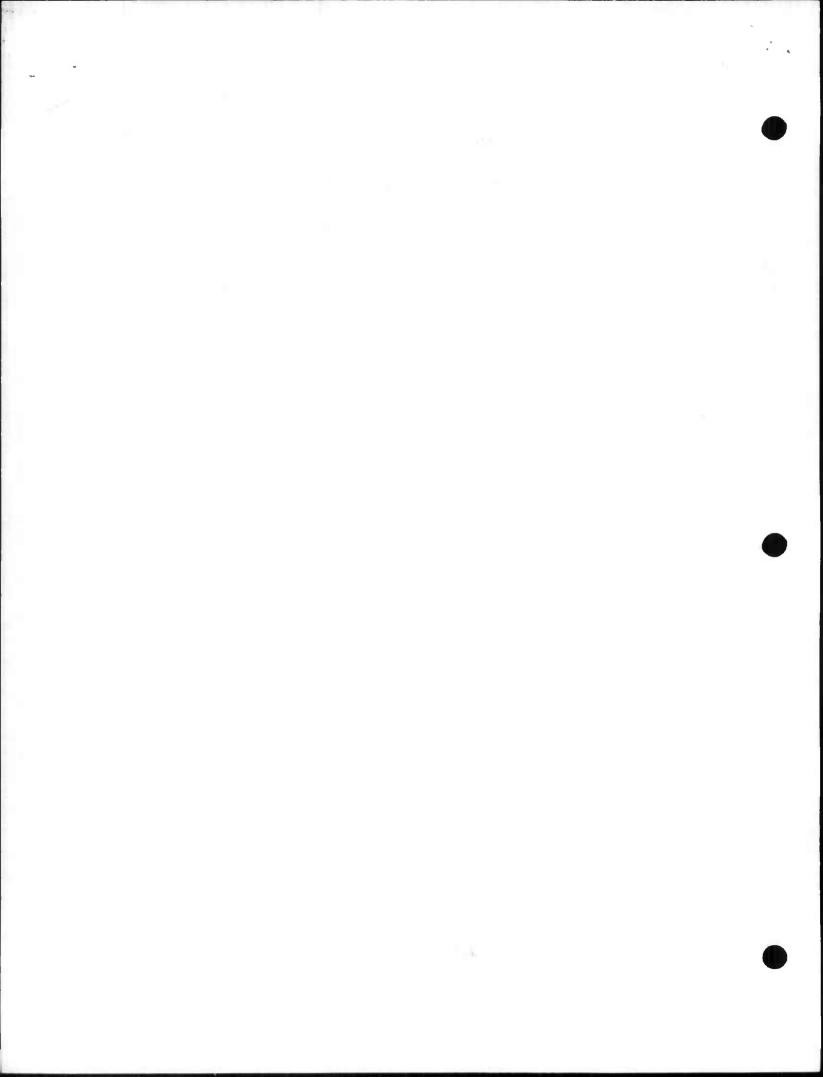
	REGISTRAR		CE	KIIFIC	AIE UI	F DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3. TIME OF DEATH
- 3	WILBERT	1 00	4114				MONTH	DAY	YEAR	9 1201
- 1			ALLON				02	15	93	0 397"
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last		UNDER 1 YEAR		7. DATE OF B	HTH		HPLACE (State or Foreign
	214-03-6917	1 🔀 M 2 🗌 F	87	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day		Count	
- 1	9a. FACILITY NAME (If not institution, give a	desired animal assertional					1-28-1			yland
-	Se. PACILITY NAME (II not institution, give a	street and number)		96	CITY, TOWN	OR LOCATION OF D	EATH	9c.	COUNTY OF C	DEATH
DIRECTOR	Baltimore County	General H	ospital		Randa	11stown		Ba	altimo	re County
5 I	RESIDENCE OF DECEDENT					22000111		120	AT CIMO	re oddirey
<u>ŭ</u>	10e. STATE 10b. COUNT	Υ		10c. CITY, TO	OWN OR LOC	ATION				10d, INSIDE CITY
<u> </u>	Manusland Bala	·			1					LIMITS?
		imore		roc	hearn					1 YES ZXX NO
⋜∥	10e. STREET AND NUMBER					IOF. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	6825 Campfield R	d			100	21207			USA	
ΞI	11. MARITAL STATUS									
교	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2XXXX	MED D	13. WAS DI	ECENDENT OF HISPA specify Cuben, Mexico	NIC ORIGIN? (Sp	ecify Yes or No	- 14. RAC	E American Indian, ik, White, etc.
B		IF YES, GIVE WAR		-		S 2XXIVO Specif		- Stary	Spec	
	3 🔣 Widowed 4 🗌 Divorced						•		1 1 1	White
	15. DECEDENT'S EDU	ICATION	16a DEC	EDENT'S USL	IAL OCCUPAT	HOM	16h KIM	OF BUSINES	E/INDUICTEN	
H I	(Specify only highest grade		(Gh	e kind of work	done during n	nost of working	Jose Killing	O BOOMES	3/11/003111	
54	Elementary/Secondary (0-12)	College (1-4 or 5+)								
우ㅣ		4 years	C.P.	A. &	Presi	dent	Cumb	perland	d Coal	Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	177				18. MOTHER'S NA	ME (First, Middle	Maiden Sume	mel	
	John Henry Mallo	200								
8		liee				Edith		Smith		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	t and Number or Rural	Route Number, Ci	ty or Town, Stat	e, Zip Code)	
F	Mrs. Roberta Jone	es	110	200 T	hree 1	Doctors R	d. Dur	nkirk,	MD 2	0754
	20a, METHOD OF DISPOSITION									
	1 1 Burial 2 Cremation 3 Rem	noval from State	20b. PLACE At			Neme of	OATE	20c. LOCATIO	N — City or To	own, Stata
	4 Donation 5 Other (Specify)		Woodla	wn Ce	meter	y 2-18-	93	Woodla	awn, M	D i
- 1	21. SIGNATURE OF FUNERAL SERVICE LIS	CENSEE .	0.40		22. NAME	AND ADDRESS OF FA	CILITY			
- 1	× ( / N(	1 4 0	1	10 000	Lori	ng Byers	Funeral	Direc	ctors.	Inc.
- 1	Joseph	1. Nell	ner			Liberty				
	23. PART I Enter the diseases, of	complications that or	aread the dec	th Do set	0/2.0	Liberty	Nu. Kai	lualis	LOWIL	
- 1	shock, or heart failure.	List only one cause	on each line.	itii. Do not	enter the n	lode of dying, suc	m as cardiac	or respirator	y arrest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Final			1	4					
- 14			( )		. 1	- //	7/			Onset and Death
	disease or condition		2e	Mr	1 cold	- la	· V.			
		a	Re	Spr	rale	o la	ulun			
	disease or condition	a. DUE TO (OF	R AS A COMPECT	SAN JURNOUS	rale	Sla	ulun	10		
Z	disease or condition resulting in death)	DUE TO (OF	R AS A CONSEGU	Ma	rche	Dla Dic	lun	118	Yar	
NOL	disease or condition resulting in death)  Sequentially list conditions,	b	R AS A COMPRO	Ma	rche	o la	ly	dis	Kar	
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	M	Ma	rch	o la	ly	dis	Yar	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO (OF	R AS A COMPEGI	Ma JENCE OF	rche	o la pic	ly	dis	(ar	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OF	M	Ma JENCE OF	rche	n'c co	ly 2	dis	(ar	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO (OF	R AS A COMPEGI	Ma JENCE OF	rcli	n'c co	ly 2	dis	(ar	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPEGI	Ma JENCE OF	rche	n'c co	ly 2	dis	(ar	
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OF DUE TO (OF	R AS A COMPEGI	Ma JENCE OF	nchi nta nte	ng cause given in	Ly 2 Part I. 24e.	WAS AN AUTO		Onset and Death  Onset and Death
CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPEGI	Ma JENCE OF	rche ate	ng cause given in		PERFORMED?		Onset and Death  Onset and Death
DICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPEGI	Ma JENCE OF	reduction to the underlyi	ng cause given in				Onset and Death  Death  Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPEGI	Ma JENCE OF	nchi sta ste	Cong cause given in		PERFORMED?		Onset and Death  Death  Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPECT	Ma JENCE OF	nchi sta ste	ng cause given in		PERFORMED?		Onset and Death  Onset and Death  WERE AUTOPSY FINDINGS  MAILABLE PRIOR TO  COMPLETION OF CAUSE
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPECT	Ma JENCE OF			10	PERFORMED?		Onset and Death  Death  Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF DUE TO (OF	R AS A COMPECT	JENCE OF:	26.	The Company of the Co	10	PERFORMED?		Onset and Death  Death  Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 ONO	b. OUE TO (OR c. DUE TO (OR d	R AS A COMMECU	JENCE OF:	26.   THER: Nursing Ho	PLACE OF DEATH (Cr	neck only one)	PERFORMED?  VES 2 [ A	0	Onset and Death  Death  Were Autopsy Findings MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL CE	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ANO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OF  d  HOSPITAL:  1 © Inpettant 2 _ Ef  28e. DATE OF INJ	R AS A COMMEDIA  R AS A COMMEDIA  RAS A COMMED	BOA OT INJURY	26. IHER: Nursing Ho 28c. II W	PLACE OF DEATH (Cr	neck only one)  6 Other (Spe  28d. DESCRIB	PERFORMED?  YES 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	O CCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation	b. OUE TO (OR  d. DUE TO (OR  d. Ta contributing to de  HOSPITAL:  1  Inpetiant 2 = EF  28a. DATE OF IN. (Month, Day,	R AS A COMMEDIA  R AS A COMMEDIA  RAS A COMMED	BOA OT INJURY	26. IHER: Nursing Ho 28c. II W	PLACE OF DEATH (Cr	neck only one)  6 □ Other (Spe 28d, DESCRIB	PERFORMED?  YES 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	O CCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be datermined	b. OUE TO (OR c. DUE TO (OR d	R AS A COMMEDIA R AS A COMMEDIA RAS	DOA 4 DOA 4 DOA 1	26. INER: Nursing Ho  28c. IN  M 1 1  t, factory, off	PLACE OF DEATH (Cr	1   Control one)  6   Other (Specarios)  28d. DESCRIB  28f. LOCATION City or You	PERFORMED?  YES 2 To Average Active to the second of the s	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be datermined	b. OUE TO (OR c. DUE TO (OR d	R AS A COMMEDIA R AS A COMMEDIA RAS	DOA 4 DOA 4 DOA 1	26. INER: Nursing Ho  28c. IN  M 1 1  t, factory, off	PLACE OF DEATH (Cr	1   Control one)  6   Other (Specarios)  28d. DESCRIB  28f. LOCATION City or You	PERFORMED?  YES 2 To Average Active to the second of the s	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMINER	b. OUE TO (OF  C. DUE TO (OF  d	R AS A COMMEDIA R AS A COMMEDIA RAS	DOA 4 DOA 4 DOA 1	26. INER: Nursing Ho  28c. IN  M 1 1  t, factory, off	PLACE OF DEATH (CF time 5   Residence NJURY AT NORK?  VES 2   NO  Ice  te and place, and due death occurred at the	1 Control (Spe 28f. LOCATION City or You time, data and jump.	PERFORMED?  YES 2 DAW  City)  E HOW INJURY  I (Street and Num, State)  and menner as place, and due	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE ANO TITLE OF CERTIFIER	DUE TO (OF  C. DUE TO (OF  d. DUE TO	R AS A COMMENT R AS A	BUILDING OF SUITING IN IT	26. In Mursing Ho F 28c. II Mursing Ho F 28c. II M 1 L t, factory, off	PLACE OF DEATH (CF time 5   Residence NJURY AT NORK?  VES 2   NO  Ice  te and place, and due death occurred at the	1 Control (Spe 28f. LOCATION City or You time, data and jump.	PERFORMED?  YES 2 DAW  City)  E HOW INJURY  I (Street and Num, State)  and menner as place, and due	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMINER	DUE TO (OF  C. DUE TO (OF  d. DUE TO	R AS A COMMENT R AS A	BUILDING OF SUITING IN IT	26. In Mursing Ho F 28c. II Mursing Ho F 28c. II M 1 L t, factory, off	PLACE OF DEATH (CF time 5   Residence NJURY AT NORK?  VES 2   NO  Ice  te and place, and due death occurred at the	1 Control (Spe 28f. LOCATION City or You time, data and jump.	PERFORMED?  YES 2 DAW  City)  E HOW INJURY  I (Street and Num, State)  and menner as place, and due	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF  C. DUE TO (OF  d. DUE TO	R AS A COMMENT R AS A	BUILDING OF SUITING IN IT	26. In Mursing Ho F 28c. II Mursing Ho F 28c. II M 1 L t, factory, off	PLACE OF DEATH (CF time 5   Residence NJURY AT NORK?  VES 2   NO  Ice  te and place, and due death occurred at the	1 Control (Spe 28f. LOCATION City or You time, data and jump.	PERFORMED?  YES 2 DAW  City)  E HOW INJURY  I (Street and Num, State)  and menner as place, and due	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF  C. DUE TO (OF  d. DUE TO	R AS A COMMENT R AS A	BUILDING OF SUITING IN IT	26. In Muraing Ho F 28c. II Muraing Ho F 28c. II M 1 L t, factory, off	PLACE OF DEATH (CF time 5   Residence NJURY AT NORK?  VES 2   NO  Ice  te and place, and due death occurred at the	1 Control (Spe 28f. LOCATION City or You time, data and jump.	PERFORMED?  YES 2 DAW  City)  E HOW INJURY  I (Street and Num, State)  and menner as place, and due	O OCCURED	Onset and Death  D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

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VISION	ATTENDING &	ECTOR: After 1
5	HOSPITAL OR	FUNERAL DIR
	TO THE	TO THE

STATE OF MARYLAND / D	EPARTMENT OF	<b>HEALTH AND</b>	MENTAL HYGIENE
CEI	RTIFICATE O	F DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	Virginia P	THICKLE						Fe	bruary		199	6:30 a**
	4. SOCIAL SECURITY NUMBER 218-03-0710	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		Country	
	9a. FACILITY NAME (If not institution, give str		) THS.	9h CITY	TOWN C	R I OCATI	ON OF DE	10	15	09		RYLAND
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  Maryland General Hospital  Baltimore City  Besidence of Decement											
EC.	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	MARYLAND ANNI	E ARUNDEL								10. 077		1 TYES 2 NO
Toe. STREET AND NUMBER  100. STREET AND NUMBER  101. ZIP CODE  102. ZIP CODE  103. ZIP CODE  104. ZIP CODE  105. ZIP CODE  105. A.  11. MARITAL STATUS  11. MARITAL STATUS  11. Maritad  12. WAS DECEDENT EVER IN U.S. ARIMED FORCES?  11. Maritad  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.)  14. RACE — American Black, White, etc.												
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Ye	s or No-	14. RACE	- American Indian.
B	1 Never Married 2 Merried  Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT				2 X NO			Rican, etc.)		Specif	, White, etc. y: HITE
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	(Give kind of the Do NOT us	work done	CCUPATIO	N st of workin	ng .	164	b. KINO OF BU	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUS		FE				HOM	EMAK	ER	
S S	17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden	Sumeme)		
띪	GEORGE W. DUVAI	LL							ELPS			
2	198. INFORMANT'S NAME (Type/Print)  IRMA D. BEALEFE	ELD							SEVER			AND 21144
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Remo  4 Donation 8 Atther Specify)	vel from State camel	LACE AND DATE	thes placel		me of ETE1	2V	OA .		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICE		MILINDOI			D ADORE			TITA	RUIAIN	S, MI	J.
	· Mary	d. Kauf	-									ME 21061 NIE, MD.
	23. PART I. Enter the diseases, of constant shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congestive	e heart	fai		de of dy	ing, suci	h as car	rdiac or reap	Iratory an	rest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Sepsis  Oue to (or as a consequence of):  Due to (or as a consequence of):  c.  Due to (or as a consequence of):  d.												
¥	PART II. Other significant conditions Chronic obstr	contributing to death but	not resulting nary di	In the ur	nderlylng E	cause (	given in	Part I.	24a. WAS AM PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										A. III		OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC					12							N/A
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	400.0	OTHE		ACE OF D	EATH (C/x	eck only o	ine)			
1×S	1 YES 2 NO  27. MANNER OF DEATH	1X Inpatient 2 ER/Output 28e. DATE OF INJURY	fent 3 DOA	4 🗆 Nur	sing Hom		sidence		er (Specify)			
ВУ Р	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)		URY M	-	PK? PES 2	] NO	28d. OE	SCRIBE HOW	INJURY OC	CURED	
	2 Accident investigation 3 Suicide 8 Could not be determined Could not be determined Could not be a Homicide City or Town, Stete)  28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, Stete)							oute Number,				
COMPLET		IAN: To the best of my knowled: On the bests of examination										and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	0 1	. 0				ENSE NUN		S A CO	_		(Month, Day, Year)
386	Leonard A	- An	Oline				-					3/93.
2	30. NAME AND ADDRESS OF PERSON WHO Leonard Gan L	EM, M.D.	н (ITEM 27) (Туре c/o Mar	ylan	d Ge	nera	1 Ho	spit	al Ba			
	31. PAE BED (MONTH, Day 1887)	12. HENSTRAR'S SIGNAT	URE					-				

NACOR ALEMOND PRESIDENT The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The confection was the confected has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit. Pages 1, 2, 3 should be contacted for use as the burial-transit permit

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

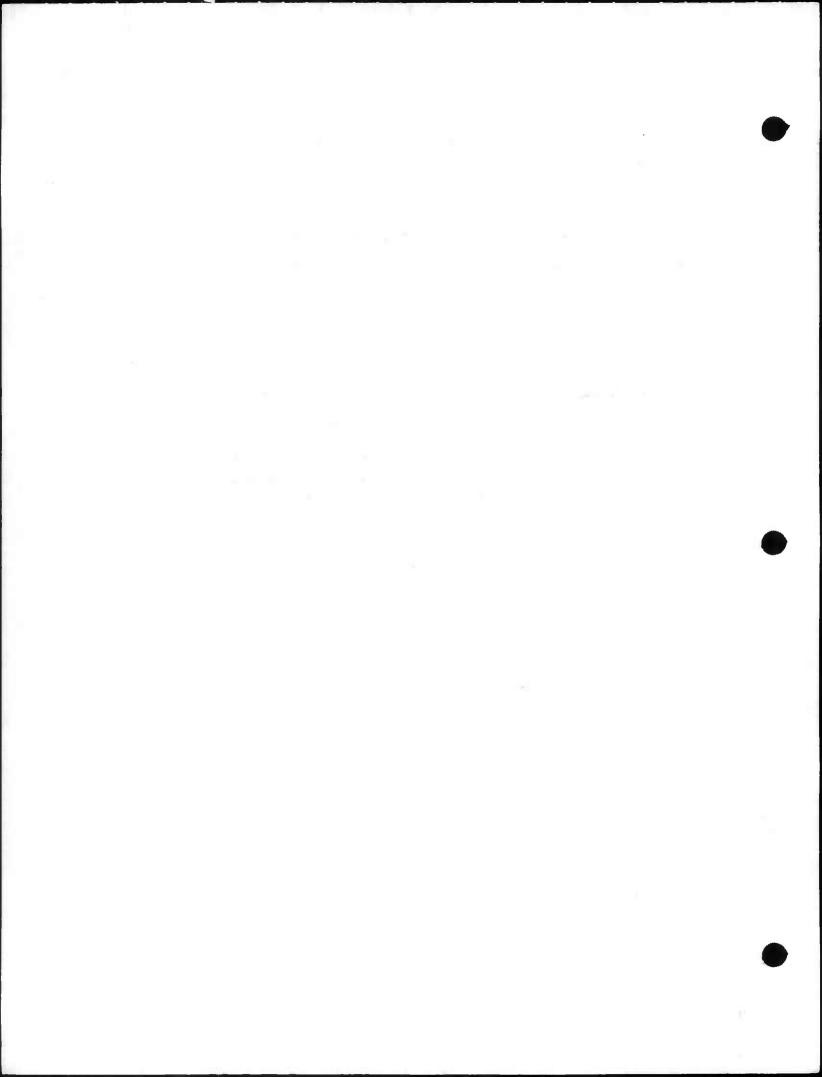
FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	ERTIFIC	CATE OF	DEATH		REG. NO	).			
3.0	. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEA	TH
	Margaret		McNa				0	-		993	1529	М
	I. SOCIAL SECURITY NUMBER	1	AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		6. BIRT	HPLACE (State or I	Foreign
	214 24 2632	1 🗆 M 2 😾 F	77	YRS.	MONTHS DAYS	HOURS MIN.	12	16	15	000	"Va.	
	a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN (	R LOCATION OF D	EATH		9c. COL	INTY OF I		
	Francis Scott		cal C		Balt							
		imore			ers St						10d. INSIDE CIT LIMITS?	
CT 11 .	oo. STREET AND NUMBER 13 Maple Lane				101	ZIP CODE 21222				USA	WHAT COUNTRY?	-
. 11 '	1. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS OECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 24 N	MED IO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specifi	nn, Puerto	Y? (Specify Yer Rican, atc.)	s or No—	14. RAC Blac Blac	E — American Ind	llan,
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S U	SUAL OCCUPATION	IN .	168	. KIND OF BU	SINESS/IN	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Gi	ve kind of wo Do NOT use	ork done during mo retired.)	st of working						
릴				Dome	stic			Hous	sewo	rk		
COMPLETED	7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE	Robert Hams HA	RRIS				Mar		Hams		IS		
	9a. INFORMANT'S NAME (Type/Print)		196	. MAILING A	DDRESS (Street a	nd Number or Rural						
유 R	Roslyn Grant					k Rd.					39	
	On. METHOD OF DISPOSITION	Y419 Y1210	20b. PLACE A	NO DATE OF	DISPOSITION (Na	me of		E 20c, LO				
	Burlel 2 □ Cremetion 3 □ Remo     Donation 5 □ Other (Specify)	oval from State	Crow	nsvi	Tre V.	Α.					lle, Mo	. F
2	1. SIGNATURE OF FUNERAL SERVICE LIC					A ADDRESS OF FA						
	James a	mate			James	A, MO	rton	1 & SC	ons			
_	3. PART I. Enter the diseases, or o					Lauren					d. ZIZ.	L /
l d	shock, or heart fellure.  MMEDIATE CAUSE (Finel fisease or condition esulting in death)	Hyperten		Arte	eriosc	lerotic	: Ca:	rdiov	ascı	ılar	Onset an	d Death
ĒII	Sequentielly list conditions, fany, leading to immediate cause. Enter UNDERLYING	DUE TO (OR /	AS A CONSEC	OUENCE OF):	:							
윤베	CAUSE (Disease or injury hat initiated events	DUE TO (OR	AS A CONSEO	UENCE OF):								
E   "	esulting in deeth) LAST			,							İ	
ᄬ		3,									+	
DICAL	ART II. Other aignificent condition Tracheal Carc		th but not re	eaulting in	the underlying	cause given in	Part I.	24s. WAS AN PERFOR	RMED?	246	O. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO
¥.								Inqu			1 YES 2 X	NO
							_	ingu	тту		Y	
K 25	5. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (Ch	eck only or	10)				
PHYSICIAN:	1 XYES 2 NO	HOSPITAL:	Outpatient 3		OTHER:	5 - Residence	6 Othe	r (Specify)				
<b>ਨੂੰ</b> ∦ 27	7. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye.	IRY	28b. TIME	OF 28c. INJ	JRY AT		CRIBE HOW I	NJURY OC	CURED		
À	1 Natural 5 Pending 2 Accident Investigation	(MOREI, Day, Yes	rear)	INJUI	M 1 🗆 1	RK? ES 2 NO						
	3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, etc. (	JURY — At hor (Specify)	me, term, str	eet, factory, office		261, LOC City	ATION (Street or Town, State)	and Numbe	r or Rural i	Route Number,	
20	a. CERTIFIER		-/10.017				L					
29	(Check only one)  1 CERTIFYING PHYSIC One)  2 MEDICAL EXAMINE										a) and manner as	stated.
	b. SIGNATURE AND TITLE OF CERTIFIER		_			29c. LICENSE NUI					(Month, Day, Year)	
B "	Dennis 1	Chute 1	40									
P 30	. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	F DEATH (ITEM	27) (Time D	riat)	O.C.M	.E.		02	15	1993	
	Dennis J. Chute Dennis J. Chute Dennis J. Chute		11	Per	in Str	eet. Ba	ltir	nore.	Mar	vla	nd 21	201
	FEB 16 1993	32. REGISTRAR'S S	- Maria									



TO THE HOSPITALION A
TO THE FLINEHA DIFFE
De filed within 72 flours
IMPORTANT



DHMH-16 Rev 1/89

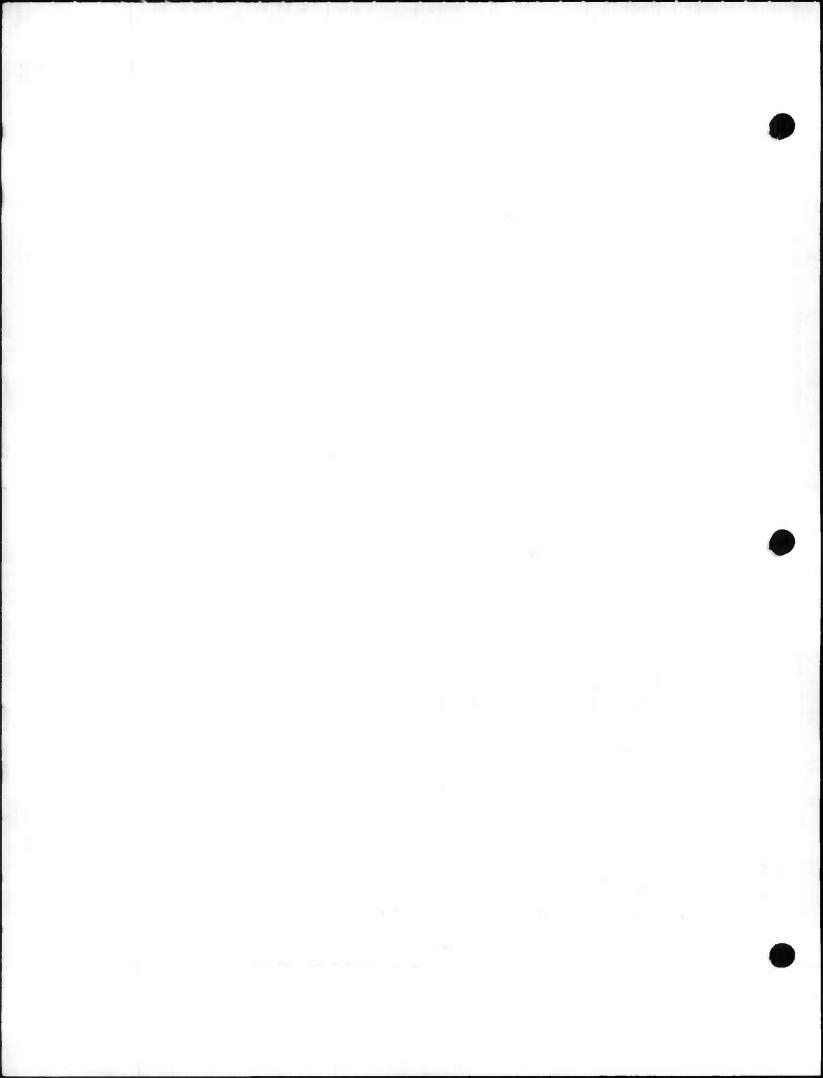
## 6, BALTIMORE, MARYLAND 21203-3146

1

MAISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	IDA L	_	200	MONTH DAY YEAR 2 11 28 P				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last	- Y	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	214-14-3789 11	1 H 2 PF 90	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	2 W	STViroinin
	9a. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	V
Œ	the word Com	to loon the	0. 10		-0		How	000
읽	RESIDENCE OF DECEDENT	114 (9611, 1105)		20201	MBIA		7700	14121
DIRECTOR	10s. STATE 10b. COUNTY		The same of the sa	TOWN OR LOCA				10d. INSIDE CITY LIMITS?
8	maryland		13	ALTIN.	DORES			1 FES 2 NO
4	100. STREET AND NUMBER	/	-/	10	I. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2728 W. M	shen, 5	7		2/2/	/-	UI	Sitti
ž	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S. AR		13. WAS DE	CENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 PM	10		secify Cuben, Mexica S 2 440 Specifi	n, Puerto Rican, etc.)	Bli	ack, White, etc.
B	3 Widowed 4 Divorced				2 (2 110 0,000)	,	B	IACK
8	15. DECEDENT'S EDUCATION	ON 16a. DE		SUAL OCCUPATI		16b. KIND OF BUS	INESS/INDUSTRY	
E	(Specify only highest grade com Elementary/Secondary (0-12)		Do NOT use	retired.)	ost of working			
ᆲ	and the second s	H	me	MAK	Cel,			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malgin	Surnayhe)	
	David D	noce			FI	7.A . la	hnsn	20.
BE	16a. INFORMANT'S NAME (Type/Print)		. MAILING	ADDRESS (Street)	and Number of Rural	Route Number, City or Jown	n, State, Zip Cpde)	
2	me Pick. Co.	autord :	1725	2111	mohou	1 St Kn	16. 4	W 2/2/6
	20a. METHOD OF DISPOSITION	ZOD PLACE	OF DISPOSE	TION (Name of ce	imetery, campitory or	20c. LØ	OATION - City or	Town Shata
- 1	1 Buriel 2 Cremetion 3 Removal	from State Other ple	ice)	ad Also	1 100	P	7	2. mo
	THE SIGNATURE OF FUNERAL SERVICE LICENS	SEE O	41171	22 NAME A	ND A ODRESS OF EA	CIMPA FILLIA	-11/4	mel
	71	10		1054	1 Liko	55 PUNE	110	
	Hoseph of	· Russ		220	2 W. No	ThAUR A	SAIN	md, 21216
	23. PAGET I. Enter the diseases, or com			ot enter tha m	oda of dying, suc	h as cerdiac or reepi	retory erreet,	Approximate
	IMMEDIATE CAUSE (Fine)	t only one ceuse on each line						Interval Between Onset and Death
	disease or condition	DUE TO (OR AS A CONSE	sky	FA	DIURS-			
	resulting in death) a	DUE TO (OR AS A CONSE	DUENCE OF)	:				
,		MSPIRATION	2					
<u>o</u>	Sequentially list conditions,	DUE TO (OR AS A CONSE		:				
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING							
ᇤ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF)	:				
	resulting in death) LAST							
빙	u							1
AL	PART II. Other eignificant conditions c	contributing to death but not r	esulting in	the underlying	ng cause given in	Part I. 24s. WAS AN PERFOR		46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
2	11 Angue	3) mem.	2			1 _ YES 2	□ NO	COMPLETION OF CAUSE OF GEATH?
WEDICAL	21 Dementia	41 State	lan	ث				1 TES 2 NO
	-							
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF OEATH (CA	neck only one)		
S	EXAMINER?	IOSPITAL:		OTHER:	ma 5 🗆 Basidanca	6 Other (Specify)		
Ή	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME		JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
۵	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY W	ORK? YES 2 NO			- 1
BY	2 Accident Investigation	26e. PLACE OF INJURY — At he	one form of			281. LOCATION (Street a	and Number of Par	al Davis Number
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	nno, min, oc	reet, rectory, orn		City or Town, State)	INC NUMBER OF FIGH	ar noute Namoer,
ET								
COMPLET		N: To the best of my knowledge, de	eth occurre	d at the lime, dat	ta and place, and due	e to the cause(a) and man	nner as stated.	
O	2 MEDICAL EXAMINER: C	On the basis of examination and/or	Investigation	i, in my opinion,	death occured at the	lime, data and place, ar	nd due to the caus	e(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)
BE	Baly	- ws			7 36	974	1 2	14193
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETEO CAUSE OF DEATH (ITE	M 27) (Type,	Print)				
		min ~	5	755 6	53AR	CANE C	sung!	+ ~ 21544
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			· ·			21-47
	FFB 1 6 1993	Juna Davidson And	dall					
	and the part of the state of	Manager of Paragraph 4						



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perm		
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	urial-tran		
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certific	fing ph	ygiene	othe
death	aften	mtal H	ry, or
at the	by the	and Me	July /
ires th	signed	leafth a	vs an
v requ	peen s	t, of H	shov
The law	le has	te Dep	m 23
CIAN:	ertifical	he Sta	or 116
PHYSI	this ce	with t	rked,
DING	After	iours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NE L	TOR:	after	28
DR A	DIREC	OUIS	The The

DIRECTOR

FUNERAL

ВҰ

COMPLETED

BE

9

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

9

(Check only one)

Mer

MERAL DIRECTOR: thin 72 hours after

28 Item 2

MPORTANT: If

MITTIN

Pages 1, 2, 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 2/14/93 3. TIME OF CEATH Florence B. Miceli 200 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8/1/1907 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 🗆 M 2 🖵 F MONTHS DAYS HOURS 214-64-8866 85 VDC Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bon Secours Extended Care Ellicott City Howard RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore Catonsville 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1915 Rollingwood Road 21228 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 K NO 1 Never Married 2 Married Specific 3 🔀 Widowed 4 🗌 Divorced white 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William B. Mantik Mary C. Szfranski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Yockel 9218 Maple Rock Drive Ellicott City, Md. 21042 20s. METHOD OF DISPOSITION
1 (XBurtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) New Cathedral 2/17 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, 736 Edmondson Avenue Balto, Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haert failure. List only one cause on each line. Interval Batwe ignant Lymphoma, diffuse, mixed cell
DOE TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequantielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa reaulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TO NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 4 Daniel rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIER

30, NAME AND ADDRESS OF PERSON



WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

ne

29s. CERTIFIER
(Chack only)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

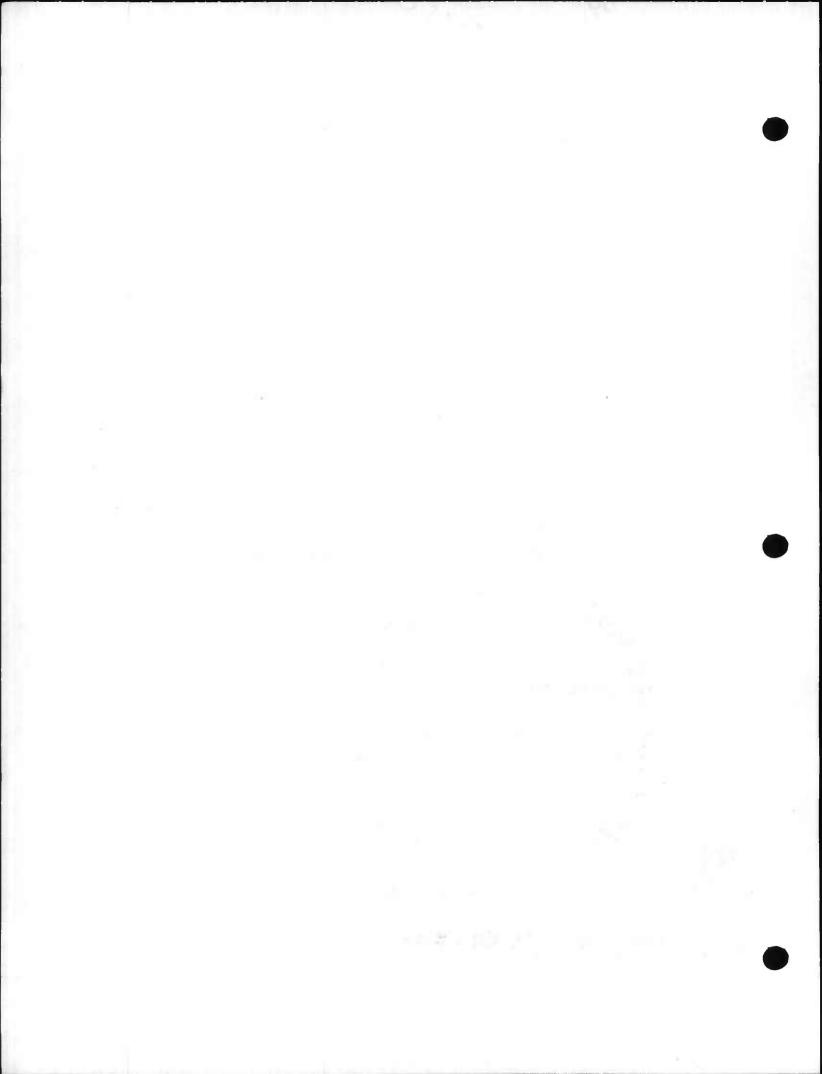
20c. LICENSE NUMBER

1) 19558.

29d. DATE SIGNED (Month, Day, Year)

15

2



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend
URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

must t

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Margaret May Feb. Miller 1993 6:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. leat birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 X F 215-28-2440 YRS. 63 02/04/30 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 689 Old Waugh Chapel Rd. 21113 0denton Anne Arundel 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Mary land Anne Arundel 1 YES 2 NO 0denton FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 687 Old Waugh Chapel Road 21113 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. Il yes, specify Cuben, Mexican, Puerto Ric 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12th Hostess Wendy's / Fast Food 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Donald Hood BE Lena January 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Terry L. Faulkner 463 Oakten Road Odenton, MD 21113 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE Metro Crematory, Inc. 4 Donation 5 Other (Specify) 2/13 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE CIDENSES AND THE SERVICE CIDENSES AND 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, **Approximate** shock, or heart failure. List only one cause on each line. intarvai Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition elestatic resulting in death) OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? PERFORMED? 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

32. REGISTRAR'S SIGNATURE

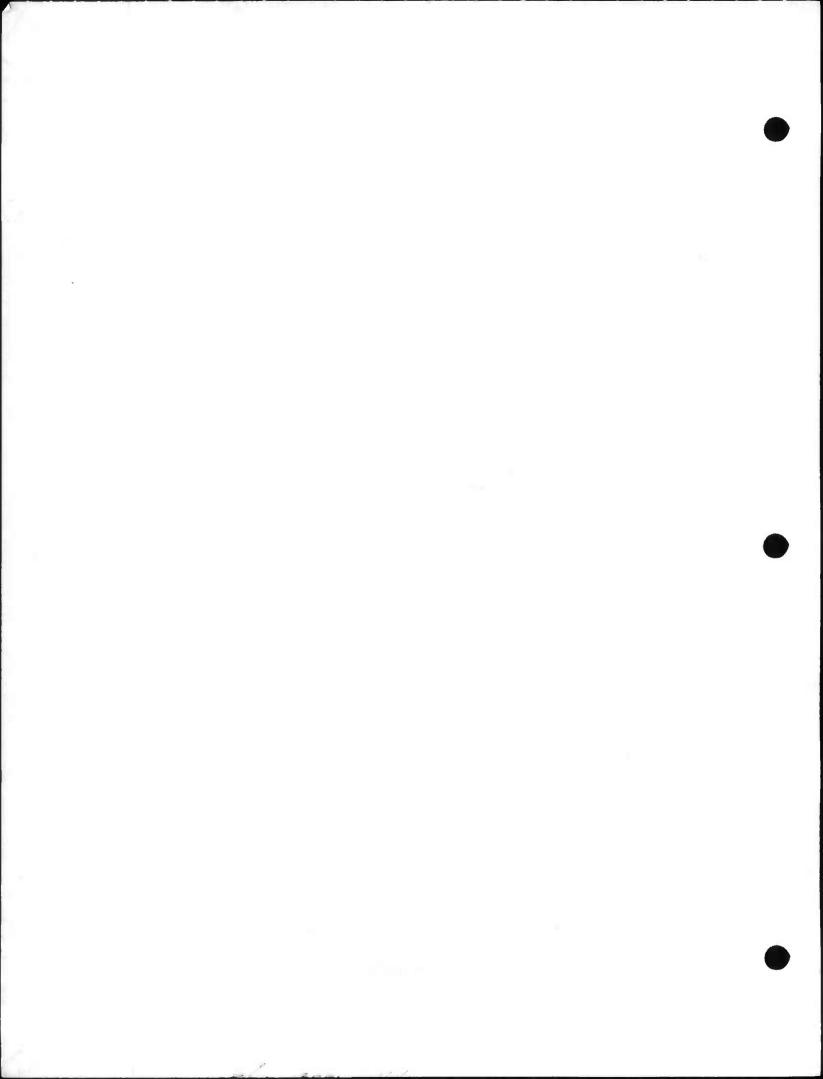
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Russell R. DeLuca, M.D.

31. DATE FILED (Month, Day, Year)

29d, OATE SIGNED MONTH U

Harbor Hospital Center Baltimore, Maryland



8. BIRTHPLACE (State or Foreign Country)

GEORGIA

Approximate interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

9c. COUNTY OF OEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

247-52-8137

4. SOCIAL SECURITY NUMBER

Wayne Maxwell

9a. FACILITY NAME (If not institution, give street and number)

The Union Memorial HOspital

10b. COUNTY

5. SEX

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DIVISION OF VITAL RECORDS, I	
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#	0	MD		DAL	TIMORI		14 YES 2 NO				
Deci	AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
215-0020 attending physician. se as the burial-transit	FUNER	4750 ALHAMBRA		21212			U.S.A.				
	E I	11. MARITAL STATUS	12. WAS OECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPANIC ( scify Cuban, Mexican, P		a or No- 14.	. RACE — American Indian, Black, White, etc.		
5-0020 inding physic as the burial	ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TE	1 TYES	2 NO Specify:	unito rincari, nec.j		Specify:		
as th		15. DECEOENT'S EDU	CATION	16a. DECEDENT'S USU	1		T		BLACK		
or affe	ETE	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mo	on st of working	16b. KIND OF BU	SINESS/INDUS	TRY		
OHE, MARYLAND 21. 6 may be retained by the hospital or ctor, page 5 should be detached for unust be notified at once.	COMPLE	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)		,		WAREH	OUSE			
AND he hospif detached once.	ő	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)									
retained by the 5 should be of notified at	ш	JOHNNIE MAXW	ELL			SARAH 1	ROEBUCK				
retained 5 should notified	5	19s. INFORMANT'S NAME (Type/Print)				nd Number or Rural Route					
y be re	F	LILLIE MAE JO	NES	4750	ALHAM	BRA AVE.	/BALTIM	ORE,	MD 21212		
I I MOKE,  I. Page 6 may be ral director, page when must be		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram		D. PLACE AND DATE OF D		me of	OATE 20c. LO	CATION — City	y or Town, State		
- 9 6 -	- 8	4 Donation 5 Other (Specify)	W	OODLAWN		ERY	WO	ODLAW	N, MD		
death. Pag funeral di funeral di examiner		21. SIGNATURE OF FUNERAL DERVICE LIC	ENSEE		22, NAME AN	ID ADDRESS OF FACILIT	ry				
EAL!		Simel	te 5.	Jones					NORTH AVE.		
hours after of the or removal.		23. PART i. Enter the diseases, or a	complications that cause List only one cause on e	d the death. Do not	enter the mo	de of dying, such as	cardiac or resp	iratory arrest	l, Approximate		
DO DO E		IMMEDIATE CAUSE (Final	11	,			,		interval Between Onset and Dea		
· · · · · · · · · · · · · · · · · · ·		disease or condition resulting in death)  a. Hepatic Encephalogathy  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF);									
		DUE TO (OR AS A CONSEQUENCE OF):									
meter con multiple	NOI	Sequentially list conditions, 6. G. Hemorrhage									
N E O	ΥĔΙ	If any, leading to immediate cause, Enter UNDERLYING									
	100	CAUSE (Disease or Injury & c. SEIZUTE OUTSOTAGE)									
	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
death of attendents in the second in the sec	CERT		d,								
the dearth / The attachment of Mentals (Injury, o		PART II. Other algorificant condition	a contributing to death t	out not resulting in th	ne underlying	cause given in Par	t i. 24s. WAS AN		24b. WERE AUTOPSY FINDING		
that the that the thank the and Ire	MEDICAL	Anemia					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
requires the requires the signed of Health shows any		the state of the s									
> 10 44							•		1 TYES 2 NO		
2 9 5 6	X	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check of	only one)				
SICIAN: The certificate h the State (	S	EXAMINER?	HOSPITAL:		THER:  Nursing Hom	e 5 Residence 6	Other (Specify)				
ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St. 28 is marked, or it	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	URY AT 28	d. OESCRIBE HOW I	NJURY OCCUR	IED		
NG PHYS frer this cath with	ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, 18al)	INJUNT		RK? YES 2 NO					
OR ATTENDING I ORECTOR: After rours after death tem 28 is man	ED B	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spe	— Al home, farm, stree	t, factory, office	28	LOCATION (Street	and Number or I	Rural Route Number,		
ATTEN ATTEN COTOR: s after	ETE	4 Homicide determined	Containing, one (ope	o.,,			City or Town, State)				
OR CHANGE		29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occurred at	the time, date	and place, and due to t	he cause(s) and me	mor as stated			
ERAL Fin 72	СОМР	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation, in	my opinion, d	eath occured at the time	, date and place, an	id due to the c	ause(s) and menner as stated.		
TO THE HOSPITAL TO THE FUNERAL ( be filed within 72 h IMPORTANT: II ii	Ö	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUMBER			IGNEO (Month, Day, Year)		
P F F	BE	11/2	T. M6	)		THE EIGENSE HOMBE		D 2/	12 100		
F F Z ₹	임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	ie)			70	2/93		
Λ		Marco Cos	tro MA	-11-	laion	Memoria	1 Ha-	nitre	)		
7		31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGN	ATURE	arien	I IKYKOY 10	( 110)	1110	<u></u>		
		LEB I 6 1993	, wandson-A	andell							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 10c. CITY, TOWN OR LOCATION DALMITMODE

IF UNDER 1 YEAR | IF UNDER 24 HRS.

Baltimore City

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

YRS.

56

2. DATE OF DEATH Feb

7. DATE OF BIRTH (Month, Day, Year) 7-12-36

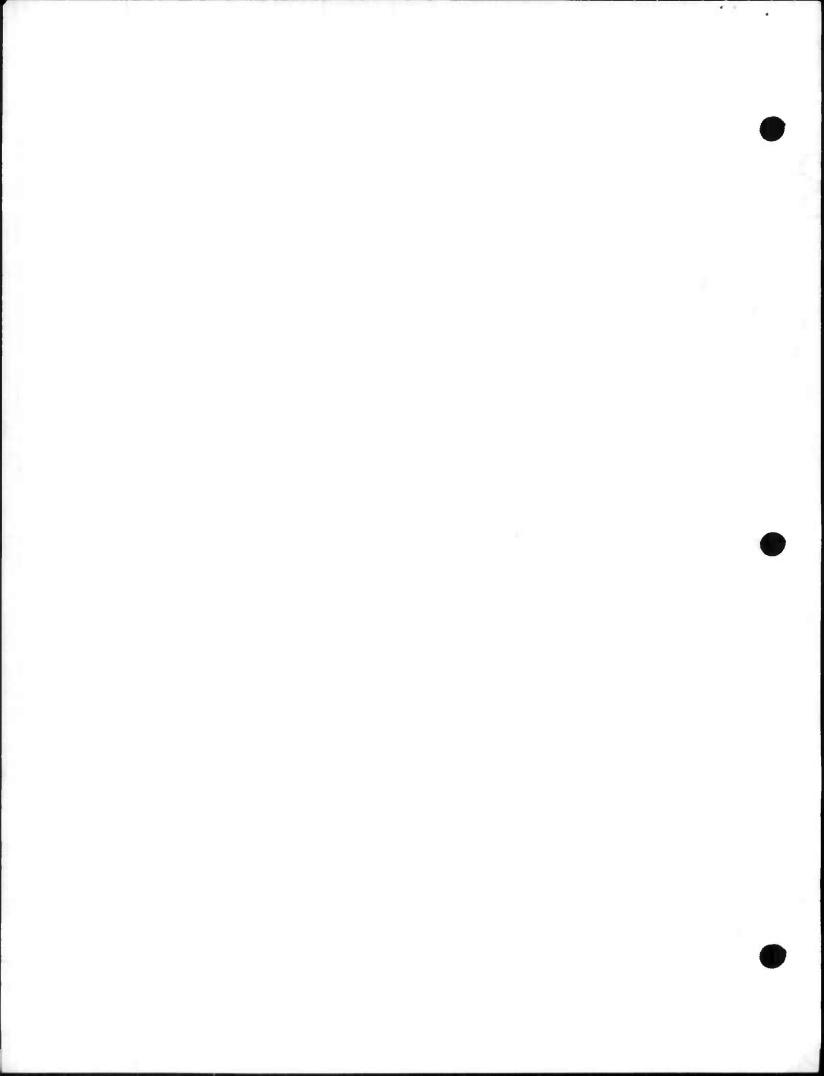
DAY

93 03578

3. TIME OF DEATH

900 A M

10d. INSIDE CITY LIMITS? 1 X YES 2 NO



PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	The state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be state bett. of Health and Mental Hygiene prior to burlat, cremation, or removal.	de. In Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDING PHYSICI,	DIRECTOR: After this had hours after designation in	Item 28 is manual.
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: II

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 10 93 3. TIME OF DEATH MCArthUR James 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 218 05 322' 1 M 2 - F HOURS YRS 12-23-1 N.C 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH t MOVE Ba Baltmore Baltimore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE XX YES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 932 E. BIDDLE STREET 21202 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerio Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Wildowed 4 Divorced BLACK ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL STA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARTHUR J. MCARTHUR LAURA MULLINS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHARON ROLLINGS BIDDLE ST. /BALTIMORE, MD 21202 204. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State CROWNSVILLE VA CEM. 4 Donetion 5 Other (Specify) CROWNSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. nes 23. PART I. Enter the diseases, or complications that odused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): HVIEXIC resulting in death) ,ac CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. BY PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF OEATN (Check only one) HOSPITAL: OTHER:
4 \( \text{Nursing Home } 5 \( \text{Residence } 6 \( \text{Other (Specify)} \) 1 TES 2 NO ient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Nomicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 246193 Kins 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Treres Buc 32. REGISTRAR'S SIGNATURE in Denden Rubell

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTAL	HYGIEN REG. NO		93	03580
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	John		1V	luir					MONTH		AY	993	122E M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDE	R 1 YEAR	JE UNDE	R 24 HRS.	7. DATE C		) ].		1335 M
	212-74-4232	1XXM 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 17-194	. 0	Country	
	9a. FACILITY NAME (If not institution, give s			2						17-194			TH CAROLINA
œ	THE THE PROPERTY OF THE PROPER	(reet and riginger)			96. CITY	r, TOWN C	OR LOCAT	ION OF DE	EATH		9c. COU	INTY OF DE	ATH
일	Maryland House RESIDENCE OF DECEDENT	of Cor	cection	S	Je	SSU	n					Howa	rd
DIRECTO	10a. STATE 10b. COUNTY			7	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
E	MD HOT	TADL			.,							- 1	LIMITS?
	MD. HOW	IARU		1		JESS							1 YES 2 X NO
FUNERAL	ACCURATION ACCURATION	1971 27 27 27 27 20 20				101	ZIP COD				10g. CIT	IZEN OF WI	HAT COUNTRY?
및 및	PATUXENT INSTITUT						2079					JSA.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13.	WAS DEC	ENDENT	OF HISPAN	NIC ORIGIN?	(Specify Yes	or No-	14. RACE - Black	- American Indian, White, alc.
B	3 Widowed 4 Divorced	IF YES, GIVE V						Specifi		oan, etc.)		Specify	
												WHI'	CE
밑	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S	work done	CCUPATIO during mo	ON st of worki	ing	16b.	KIND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	•)	Do NOT u		125							
COMPLETED			TN	CARCI	SKATE	ΣD							
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	ddle, Maiden	Sumame)		
12													
2	19a. INFORMANT'S NAME (Type/Print)									r, City or Tow			
-	ANTOINETTE SIMS		9	18 SI	EA GUI	LL A	VENU	E, B.	ALTIM	ORE,	MD. 2	21225	
	20e. METHOD OF DISPOSITION	and from Chat-	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		DATE	20c. LO	CATION -	City or Tow	n, Slete
	1 To Burtal 2 Commetter, cremetery, cremeter										D.		
	21. SIGNATURE OF AUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	► ( b our le	15											E, P.A.
$\vdash$	Crear Ce	.()	n	$\underline{\hspace{1cm}}$									P.O. BOX 4433
	23. PART i. Enter the diseases, or c shock, or heart feliure.	Omplications that List only one csu	t ceused the de ise on each line	ath. Do i	not enter	the mo	da of dy	ring, suc	h as cardi	ac or respi	iratory an	rest,	Approximata interval Between
1 1	IMMEDIATE CAUSE (Fine)												
	disease or condition resulting in death)		ORILE	254									
		DUE TO	(OR AL CONSE	DUENCE O	h:								
Z	Sequentially list conditions,	b											
CERTIFICATION	if sny, isading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	F):								
₫	CAUSE (Disease or injury												
ᄪ	that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):								
H	resulting in death) LAST	1											
0	PART il. Other significant condition	a contribution to	dooth hut not -	101									
8	Action	s continuoung to	death put not t	esuiting	in the ur	nderiying	cause	given in	Part i.	PERFOR			VERE AUTOPSY FINDINGS
MEDIC/	-ASVA								_	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Z I												,	YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	DEATH (Che	eck only one,				
S	Z YES 2 □ NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	R: sina Hom	5 □ B	esidence	8 Nother	C Decere	rrec	stion	nal Fac.
호	27. MANNER OF DEATH	28e. DATE OF		26b. TIM	E OF	28c. INJI	JRY AT						rat rac.
ΒĄ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE O	F INJURY — At ho	ma, farm,	street, lect				261. LOCAT	ION (Street a	and Number	or Burni Do	uta Alumbus
邑	4 Homicide 6 Could not be detarmined	building,	etc. (Specify)						City or	Town, State)		or rigital rigit	ate truttion,
COMPLETED	29a. CERTIFIER												
MP	(Check only   CERTIFYING PHYSIC												
8	2 X MEDICAL EXAMINE		remination end/or i	investigatio	n, In my o	pinion, de	eath occur	red at the	time, date a	nd placa, an	d dua to th	e cause(e)	and manner ea stated.
ш	200. SIGNOLURY AND TITLE OF CERTIFIER	1	11	0			29c. LICI	ENSE NUN	1BER		29d. DAT	E SIGNED (	Wonth, Day, Year)
8	/ lain	-4001	e NH				$\cap$	C.M	F		Don	0.7	1993
일	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH (ITE	4 27) (Ema	Deied)			<u> </u>			UZ	<u>U/</u>	1337

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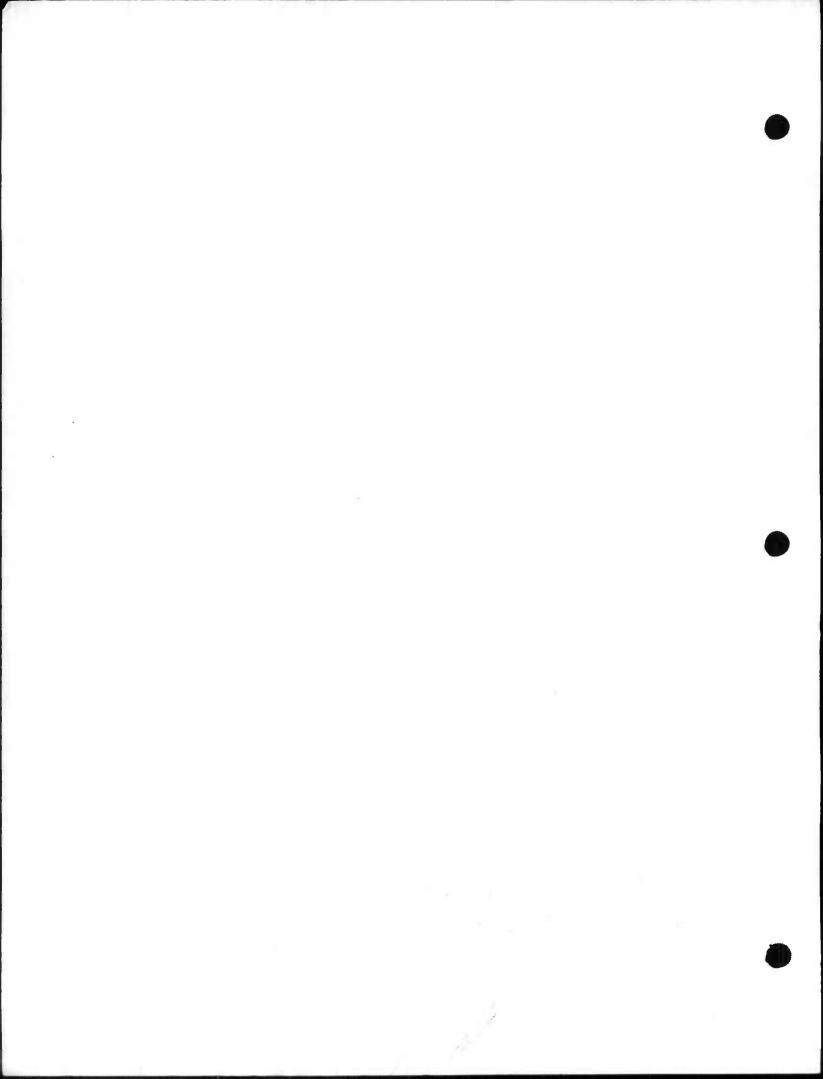
12. REDISTRAR'S SIGNATURE

Penn Street, Baltimore, Maryland



ARON WILE

21201



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		REGISTRAR		CERTI	ICALE	JF DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)	James S:	Mathias		-	2. DATE OF DEATH D	AY YE			
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTN		HRTHPLACE (State or Foreign		
Pin		214-20-9677	1 XM 2 - F	66 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 05 30		ARYLAND		
2, 3 should	стов	9a. FACILITY NAME (II not institution, give si Union Memorial H				wn or Location of D imore Cit		9c. COUNTY	OF DEATH		
<i>ਦ</i> ੋ.	5	RESIDENCE OF DECEDENT									
ift. Pages	DIRE	MARYLAND 106. COUNTY		10c. CI	TY, TOWN OR L	OCATION ALTIMORE			10d. INSIDE CITY LIMITS?  1 YES 2 NO		
nsit permit.	ERAL	1403 W. OLD	COLD SPRI	ING LANE		101. ZIP CODE 21209		10g. CITIZEN OF WHAT COUNTRY? USA			
215-0020 attending physician. use as the burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN FORCES? 1	YES 2 NO	If ye	DECENDENT OF NISPAL a, specify Cuban, Mexics YES 2 NO Specify			RACE — American Indian, Black, White, etc.		
P P P	BY	3 Widowed 4 Divorced	1946-5		' ' '	TES 2 LA NO Specif	у.		Specify: WHITE		
215-0 r attending use as the	8	15, DECEDENT'S EDUC	CATION	16a, DECEDENT	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUST			
D 21 spital or ed for c		(Specify only highest grade Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)		work done during the present the control of the con	g most of working	BALTTI	MORE CT	TY POLICE		
AND he hospit detached once.	COMPI	17. FATHER'S NAME (First, Middle, Lest)				40 14077457010 144			21 101101		
# 8 A	BE C	JAMES BAIRD MA	THIAS				ME (First, Middle, Maiden Surname) I. G. COURTER				
MA retain 5 sho	10	190. INFORMANT'S NAME (Type/Print) DAPHINE MATHIAS					RING LANE,		State, Zip Code) BALTO., MD. 21209		
IMORE, Page 6 may be al director, page ner must be		20s. METNOD OF DISPOSITION  YO Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  DULÂNEY VALLEY MEM. GDNS. 2/17/93 TIMONIUM, MARCH OF DISPOSITION (Name of cemetery, cremetory) or other place)									
Page II dire	- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	S O		E AND ADDRESS OF FA		LHONTON	TAKTLAND		
SALT death. e funers al. exami		A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211									
n 24 hours hy filled in t ation, or red		23. PART I. Enter the diseases, or can shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. 180ha	adsed the death. Do on each line.		mode of dying, suc		Iratory arrest,	Approximate interval Between Onset and Death		
B 6 8	N	Sequentially list conditions,	Core	many (	Jako	le pro	seare.	•			
ar cian	ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUÊNCE (	OF):	7					
death certificate attending physismal Hygiene print, or other to	ERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
DS, P.	CEH		1								
3 8 E E		PART II. Other significant condition	s contributing to dea	ath but not resulting	In the under	fying cause given in			24b. WERE AUTOPSY FINDINGS		
signed by Health an	EDICAL	<u>COPD 8</u>	< Hets	uppe			PERFOR	- 20	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
requires een signe of Healt	ME	CR	F With	n Acusa	Tulou	regin nd	eno		1 YES 2 NO		
									AU		
# ## E	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (Ch	eck only one)				
Certificate the State , or Item	YSI	1 YES 2 NO M	1  Inpetient 2 ☐ ER	VOutpatient 3 DOA		Home 5 - Residence	6 C Other (Specify)		J		
O E	ry PHY	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INU		JURY	HUURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D .		
OR ATTENDING OINECAST AND COURT After AND LANT 28		3 Suicide 6 Could not be determined	26e. PLACE OF IN building, stc.	JURY — At home, term, (Specify)	street, factory,	office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
DIRECT AT	Ē	29e. CERTIFIER 1 CERTIFYING PNYSH	Clable To the heat of an		i res			14			
NERAL Thin 72 h	COMPL						to the cause(s) and mer time, data and place, en		use(e) and manner se stated.		
TO THE HOSPITAL OF THE FUNESAL, DO THE FUNESAL, DO THE WITHIN 72 IN IMPORTANT. If IN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	loby	r Mi	2	29c. LICENSE NUI	WBER	29d. DATE SIG	INED (Month, Day, Year)		
F F Z =	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEM 27) (Typ	e, Print)	800 11.	Jeg . win		sour Roll ,		
		31. DATE FILED (MORTH, Day), MAY) FEB 16 1993	32 REGISTRANS	Slehn de Br		Cont O.	was a boll	mar	1 Danument		
		1 FD TO 1999	9								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

2

MC COY

1 🗌 M 2 🗍 F

6. AGE (In yrs. lest birthday)

2 NO

2/9/93

23. FART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,

YRS.

5. SEX

Worcester County

FORCES?

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED

IF YES, GIVE WAR OR DATES

1 YES

45-47

EARL

10b. COUNTY

15. DECEDENT'S EDUCATION

Mc Cov

shock, or heart failure. List only one cause on each line.

(Specify only highest grade comple

PENINSULA REGIONAL MEDICAL CENTER

9a. FACILITY NAME (If not institution, give street and number,

6026 Whitesburg Road

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

<u>Eileen G.</u>

4 Donation & Other (Specify)

Buriel 2 Cremation 3 Re

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

20a. METHOD OF DISPOSITION

IMMEDIATE CAUSE (Final

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury that initiated events resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investiga

8 Could not be

1 TES 2 100

27. MANNER OF DEATH

1 Netural

2 Accident
3 Suicide

4 Homicide

disease or condition\_

resulting in death)

Edward Ross McCoy

3 Widowed 4 Divorced

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

NOU

IF UNDER 1 YEAR

04

IF UNDER 24 HRS.

	3. TIME OF DEATH
AR L	1850

MONTH BAY	9-93 <sub>YEAR</sub>	3. TIME OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 7-25-1920 Pennsylvania

96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

2

SALISBURY WICOMICO

19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Snow Hill 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

21863 USA

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 YES 2 NG Specify: Specify.

White

20c, LOCATION - City or Town, State

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Ida Louella Simpson 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)

6026 Whitesburg Road, Snow Hill, MD 21863

cemetery, crematory or other place 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Konald Wade, Dir

655 W. Baltimore St, Balto., MD 21201

DATE

Lung Carices	
DUE TO (OR AS A CONSEQUENCE OF):  PNEUMON 19.	
DUE TO (OR AS A CONSEDUENCE OF):	
DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

OTHE

28b. TIME OF

20b. PLACE AND DATE DF DISPOSITION (Name of

	N AUTOPSY DRMED?
1 TES	2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate

intervai Between

**Onset and Death** 

1 YES 2 ND

R: rsing Home 5 - Residence	• F • • • • • • • • • • • • • • • • • •
28c. INJURY AT	28d. OFSCRIBE HOW INJURY OCCURRED

WORK? M 1 YES 2 ND

28. PLACE OF DEATH (Check only one)

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER
(Check now 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dn the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated,

29b. SIGNATURE AND TITLE OF CERTIFIER 29 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) トス 8 143

30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM A) (Type, Print)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FFR 12 1993 Danden Kudall

use as the burial-transit

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

the funeral director, page 5 should be detached for

filled in by

0

I completely filled infal, cremation, or the

signed by the attending physician and con Health and Mental Hygiene prior to burial,

notified at BE

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must

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medical

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shows any injury,

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28 ls

IMPORTANT:

Dept. of P

this certificate his with the State [ Heal

After t death

E FUNERAL DIRECTOR: A: d within 72 hours after de RTANT: If Item 28 Is i

THE

23

HOSPITAL

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ED

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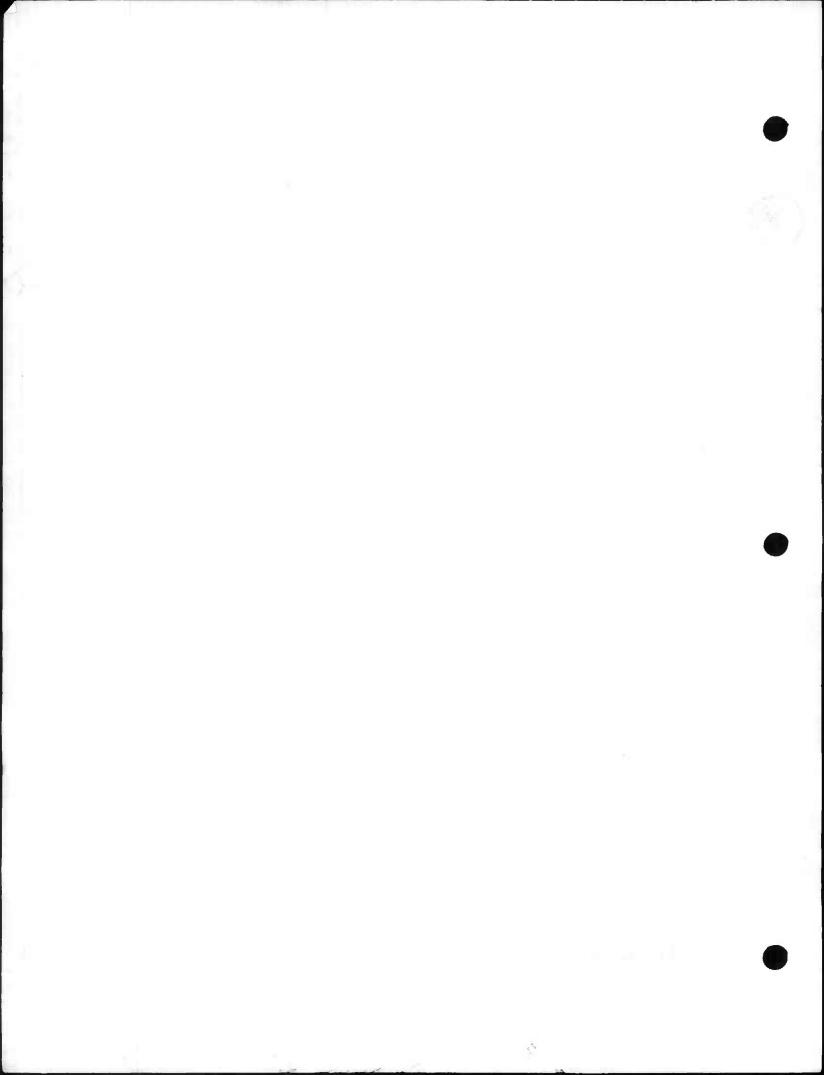
COMPL

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89



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Detached		
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y are account projected and compressly med in by the fathers unected, page 3 Should be detached		om 23 okawe any injust or other transmission areas the medical assessment to matter a second
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oreily min	emation, or removal	and the
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Sicialia	prior to buri	- Comment
200	ate Dept. of Health and Mental Hygiene pri	adha.
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Seption .	tealth	00 au
	0	has
200	Dept.	23 0
2	ate	-

NO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

4 32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMEN	T OF H	IEALTH AI	ND MEN	TAL HYGIEI		U	3583	
	t. DECEDENT'S NAME (First, Middle, Lest)  ELLEN MI	JLCAHY	Elle	_			2. 1	DATE OF DEATH		3, 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 H		Month, Day, Year)	1	. BIRTNPLA	CE (State or Foreign	
	139 42 4754 9e. FACILITY NAME (If not institution, give st	1  M 2  F	84 YRS.			1000		1-21-190		New		
æ				9b. CIT	Y, TOWN (	OR LOCATION	OF DEATH		9c. COUNT	Y OF DEAT	н	
DIRECTOR	Suburban Hospita	11		В	ethe	sda			Mo	ntgom	ery Co	
H	Maryland Monto			Y, TOWN	OR LOCAT					100	I. INSIDE CITY	
		gomery Count	-У		Beth	esda				1[	YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4925 Battery 1	Tana #710			101	f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?	
¥	4925 Battery I	Lane #710	In II C ADDRESS	1			814		Us			
B	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	13.	If yes, sp	ecify Cuben, M	ISPANIC OF exicen, Pur Specify:	RIGIN? (Specify Yearto Ricen, atc.)	e or No— 1	Black, WI	American Indian, hite, atc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF BU				
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u			St OF WORKING		Church			and	
M	17. FATHER'S NAME (First, Middle, Last)		Homem	aker	,			Hospit		unte	nteer	
	John Jacobsen							irst, Middle, Maider a Jacob				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S /Street e			Number, City or Tox				
5	Maureen Raia							nesda, N		3 <b>1</b> 4		
	20e. METNOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSER Ronald Wade, Dir  22. NAME AND ADDRESS OF FACILITY  State Anatomy Board  655W. BaltimoreSt, Balto, MD 21201											
	23. PART I. Enter the diseases, or conshock, or heart failure. Let the constant the	. METAST	each lina.	116					iratory arres	it,	Approximata interval Setween Onset and Death	
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):											
MEDICAL C												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH	Check on	Av one)				
SIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHEI	R:	e 5 🗆 Reside						
Y PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		28c. INJU	URY AT	28d.	28d. DESCRIBE NOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Sulcide 6 Could not be detarmined	26e. PLACE OF INJURY building, etc. (Spe	26e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify)				261.	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	2 MEDICAL EXAMINER	IAN: To the best of my know	viedge, dasth occum on end/or investigatio	nd at the t	ilme, date	end place, end eath occured at	due to the	cause(s) end ma date end place, er	nner ea stated.	ause(e) and	menner ee stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  NATION PMILEO, MM  D-23308  296. DATE SIGNED (Month, Day, 1961)  D-23308  D-23308											

11420 ROCKVILLE PIKE, ROCKVILE, MD. 20852

1	-	STATE REGISTRAR

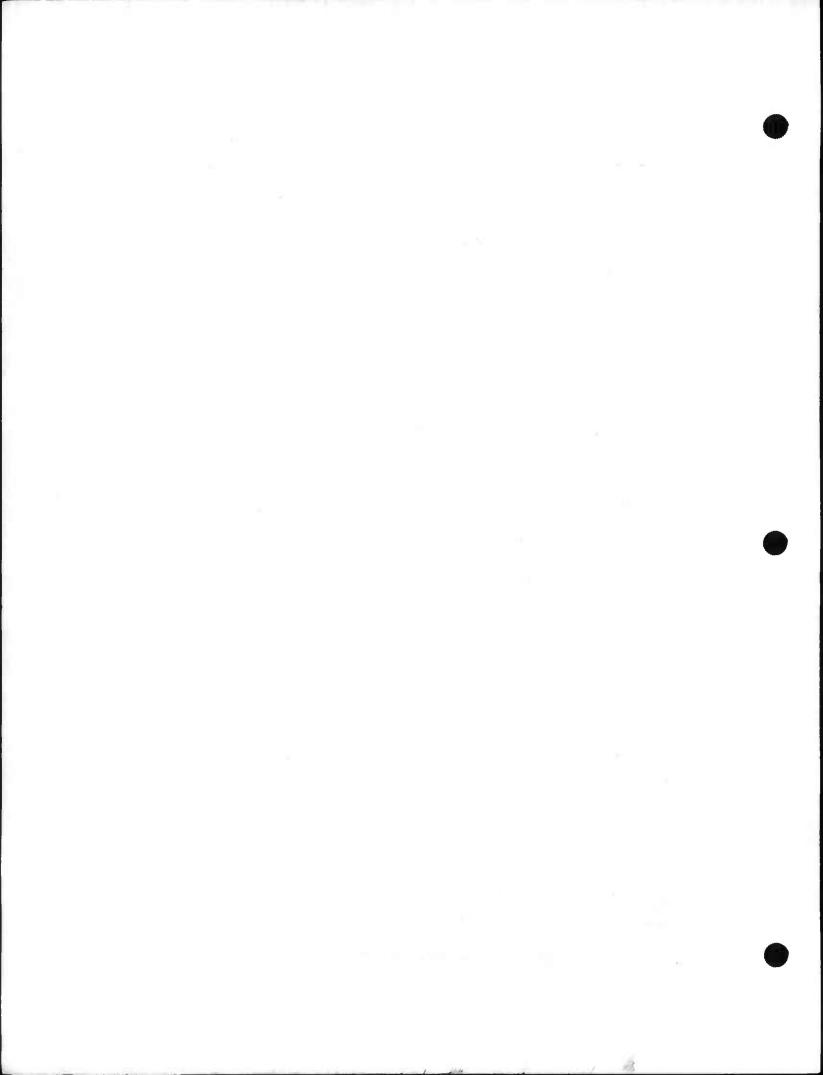
	1 - STATE REGISTRAR	OIME OF IM	CE	RTIF	ICATE OF			MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	Dolores C	ecilia	Niner					MONT 2	10		993	M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	220-16-6189	1 🗆 M 2 💢 F	70	YRS.	MONTHS DAYS	HOURS	MIN.	(Mont	n. Day. Year) -1-192	2	Countr	ryland
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOWN C	R LOCATI	ON OF DE		/ 2		NTY OF O	
۳ ا	19 Lombardi Dri	ve			Dund	alb				Rai	etime	aha
DIRECTOR	RESIDENCE OF DECEDENT					^				DUV	Count	once
8	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION						10d. INSIDE CITY LIMITS?
□	Maryland	Baltimo	ore				Du	ındal	lk			1 TES 2 X NO
\¥	10e. STREET AND NUMBER				101	ZIP COD	E	2122	20	10g. CITI	ZEN OF V	VHAT COUNTRY?
빌	19 Lombardi Drive							2122	- 2	Un	itea	l States
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	EVER IN U.S. ARM YES 2) THO						N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, atc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 XXNO			X:30 == '		Speci	
	15. OECEDENT'S EOUCA	TION	16a OEC	EDENT'S	USUAL OCCUPATION	NM .		1 444	. KIND OF BUS	INCSS (INC	HISTON	witte
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	e kind of	work done during mo	st of worldi	ng	100	L KIND OF BUS	INE33/IND	OSINI	
7	12th Grade	Conege (1-4 or 5+)	,	Har	nemaker				nus	a Han		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1101	nemareer	18. MOTI	HER'S NAI	ME (First.	Middle, Maiden	n Hon	10	
	Daniel Noland									,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street a	nd Number	Or Rural R	Poute Num	ber, City or Town	. State. Zio	Code)	
2	Donald R. Niner				ombardi i				alk M			01000
	20a, METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOSITION (Ne		<u> </u>	DAT	E 20c. LO	CATION —	City or To	wn, Stata
	1 ☼ Burial 2 ☐ Cremation 3 ☐ Remov. 4 ☐ Donation 5 ☐ Other (Specify)	al from State	Garaon	A O	K Faith		2/1:	1 2 1/ 0/ 2				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	SEE /		0	22. NAME AN	ID ADDRE	SS OF FAC	YTUK				
1	1 h. 1 h/	Fil			Duda-1	Ruck	Fune	eral	Home of	of Du	indal	ck, Inc.
	23. PART i. Enter the diseeses, or co	molications that	fraugad the dee	th Do	7922 (	Vise.	Ave		Dunda	ek. 1	lary	and 21222
	shock, or heart failure. Li	at only one caus	se on each ilna.		d autor the mo	ue or uy	niy, suci	i es cari	ulec or reapi	ratory arr	eat,	Approximata Interval Between
ł	IMMEDIATE CAUSE (Final disease or condition	Mh.	co. O.	0 .	MEDICA	\						Onset and Death
1	resulting in death) a.	DUE TO	OR AS A CONSECU									
~		1 tupi	Entonion	10	Conha	VAC	c 1	00	della	216		1890
CERTIFICATION	Sequentially list conditions, if any, landing to immediate	DUE 10 (	OR AS A CONSECU	JENCE O	F):	4.7	( 4.)		0	-		
S	cause, Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated events	DUE TO (	OR AS A CONSECU	JENCE O	F):							
E	resulting in daeth) LAST											
0	PART II. Other aignificant conditions	contributing to	death but not re	suiting	In the underlying	Cause /	niven in i	Dart i	24a, WAS AN	AUTOBOV	245	WERE AUTOPSY FINDINGS
DICAL				Juling	in the onderlying	, cause ;	310011 III I	art I.	PERFOR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
								- 1	1 - YES 2	(Jano		OF DEATH?
Σ								-				1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				20 Dt	ACE OF D	EATH (Che	ak aat a	1			
Ξ.	EXAMINER?	HOSPITAL:	ED10-1		OTHER:	\ -						
PHYSICIAN: MEI	27. MANNER OF DEATH	26a. DATE OF I		28b. TIM	4 Nursing Hom	_	Aldence		SCRIBE HOW II	I II IBY OC	YIBED	
	1 Printural 5 Pending	(Month, Da			URY WO	RK?	ON F	200. DE.	SCHIBE HOW II	ISONI OCC	JUNED	
BY	2 Accident Investigation 3 Suicide & Could set be	28e. PLACE OF	INJURY — At hom	e, farm,	street, factory, office	-	30	28f. LOC	ATION (Street a	nd Number	or Rural F	Inute Number
ETED	4 Homicide B Could not be detarmined	building, a	ntc. (Specify)						or Town, State)	.,,	o. Harar	Transon,
91	29a. CERTIFIER	M. T. H. L. A.	EWSE/AN					·				
COMPL	(Check only 1 CERTIFYING PHYSICIAL EXAMINER:											
	2 MEDICAL EXAMINER:	the seek of \$10		· o e rigatio	, in my opinion, d				and place, and			
BE	216. SHINATURE AND THILE OF CERTIFIER	MI	)			29CYLICE	ENSE NUM	BER	_ ]	29d, DATI	SIONED	(Month, Day, Year)
2	AND ADDRESS OF PERSON WHO	001101				1/5	643	0		-4	1011	3
	LEFF ((Hon		E OF DEATH (ITEM	27) (Type	Print) 2 P	1 1	11.		Dunda	11-	21	277
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S'C GICHATIAN		-116	- A 60	nu	1	-U~ da	VIJE	-/	- ( (
ı	FFD 4 Q 10		A. K.	70	-dames							

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

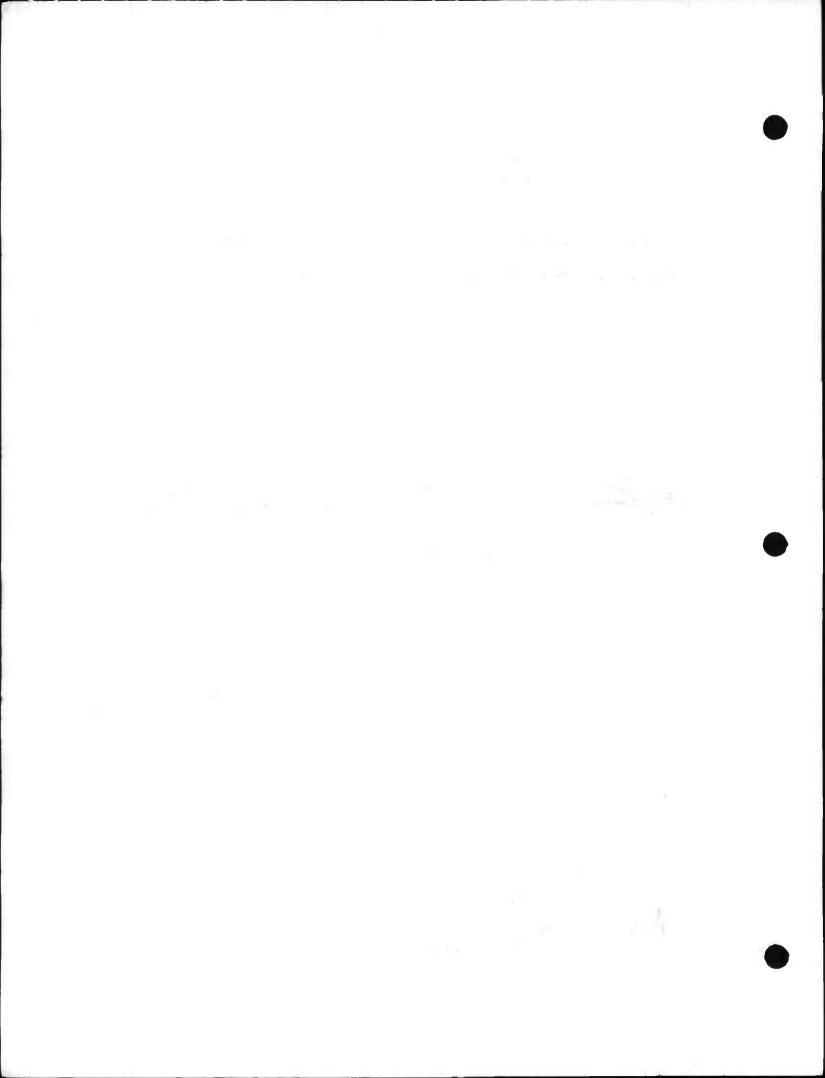


93-0752-510

M.L.JR. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 93 HUU NGUYEN 14 4:55 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F 216-21-9844 Dec 30-1968 Vietnam use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital of MD Baltimore City RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland **Baltimore** Perry Hall 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Vietnam 8562 Gradien Drive 21236 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE Black, BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Vietnamese COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for 6 Cook - Chef Restaurant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Thai Huu Nguyen notified at Tinh Kim Nguyen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 <u>Thai Huu Nguyen</u> 203 Deep Dale Drive. Timonium, MD 21093 å 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ DCremetion 3 □ Rem 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - Cify or Town, State director, must Metro Crematory 2/18/ Catonsville, MD examiner 22. NAME AND ADDRESS OF FACILITY funeral esmor Lemmon-Mitchell-Wiedefeld owell M. Lemmon filled in by the figor, or removal. 10 W. Padonia Rd., Timonium, MD 21093 the f medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finel Onset and Death cremation, traumatic event, the disesse or condition completely resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, Hygiene prior to burial, and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING attending physician requires that the death certificate be other t CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ò the atter Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL been signed by the 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE shows any YES 2 NO OF DEATH? 1 YES 2 NO has be Dept. PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
XXInpatient 2 - ER/Outpatient 3 - DOA OTHER: TY YES 2 NO e 5 ☐ Residence 6 ☐ Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with 1 marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO MECTOR: After the 02/14/93 2:05A M ВY 2 X Accident river in auto/Impact wal 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 90 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined COMPLETED TO THE FUNEDAL OR ATTEND TO THE FUNEDAL OTHECTOR: , be filed within 2" hours after of IMPORTANT: If item 28 is 4 Homicide Interstate -695 North OF MD. 29a. CERTIFIER

(Chack only

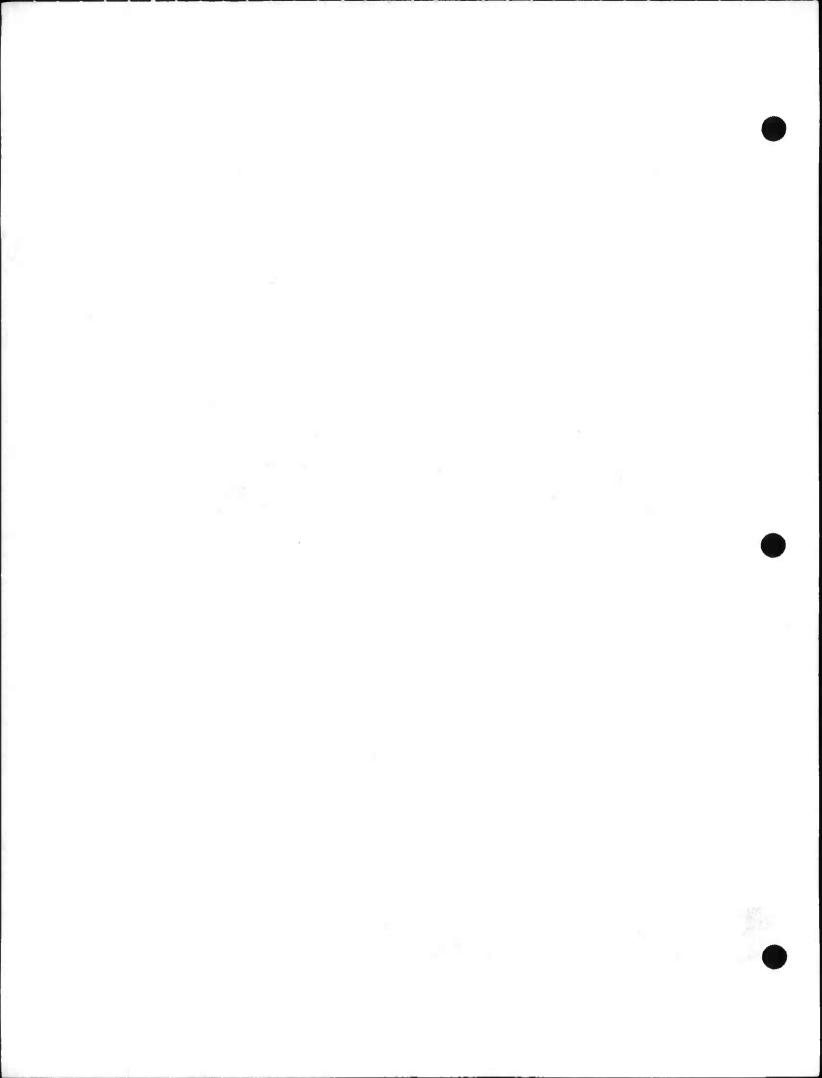
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) and manner as stated. (Check only one) 2 MEOICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE O 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 /15/93 C.M. 111 Penn Street. Baltimore. FEB 1 6 199



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
; ;	)	)	

4	DECEDENT'S NAME (First, Middle, Last)	Ni	sbet					OF DEATH			3. TIME OF DEATH
	Virginia	-Ne	sbet				MONTH 2			EAR 3	
4,	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		ОГ ВІЯТН	8.	BIRTH	PLACE (State or Foreign
	089-05-7976	1 ☐ M 2¾2¾F	90	O YRS.	MONTHS DAYS	HOURS MIN.		1, Day, Year) 22/02		Country	rvland
90.	FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TOWN	OR LOCATION OF			9c. COUNT		
RI	Manor Care Towso	on			Towso	n			Ва	lto	).
	. STATE 10b. COUNTY			10c. Ci1	Y, TOWN OR LOCA	TION				П	10d. INSIDE CITY
	Maryland				Baltimor	e . City	7				LIMITS?
100	. STREET AND NUMBER					. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
	600 610 Light S	St.				21230	)			т	J.S.A.
	MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S	. ARMED		ENDENT OF HISP	ANIC ORIGIN		or No- 14	RACE	- American Indian
	Never Married 2 Merried	FORCES? 1 IF YES, GIVE W			If yea, ap	ecify Cuben, Mexic	an, Puerto f lly:	Rican, etc.)		Black, Specifi	White, etc.
3 [	Widowed 4 Divorced						_				hite
	15. DECEDENT'S EDUC (Specify only highest grade		16a	Give kind of	WSUAL OCCUPATION Work done during mose retired.)	ON est of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
	Elementery/Secondary (0-12)	Coffege (1-4 or 5 +	)	life. Do NOT u	se retired.)	or or morrang					
_	12			Nurse	ing Aid			Hosp	ital		
17.	FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, A	diddle, Malden	Sumeme)	-	
L	Thomas	Nesbet				Jennie	e unl	cnown			
194	. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS (Street				n, State, Zip Co	ode)	
	Maurice Elliott			210	No. Cha	rals St.	Ba	lto. M	d. 212	201	
204	. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Ramo	numi fetom State		CE AND DATE	OF DISPOSITION (No		OATI		CATION — Cit		vn, State
40	Donetion 8 Other (Specify)	#		i, crematory or o	ark Cem.	2/19/93	3	Ba	lto. M	13	
21.	SIGNATURE OF FUNERAL SERVICE LIC	elfres /	1/			ND ADDRESS OF F	ACILITY				
	> /Kmald 4 L	Kelin .	/_						k Rd.		04
23	PART I. Enter the diseeses, or c	or attestade that	anused the	death De	Ruck	Towson H	unera	al Hom	e, Inc		Approximate
di	MEDIATE CAUSE (Final seese or condition euiting in death)	DUE TO	OR AS A CO	NSEQUENCE O	omsver	se C	olon	•			Onset and Dea
oe C/ the	equantially list conditiona, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated eventa suiting in death) LAST	DUE TO (		NSEQUENCE O							
PA	RT II. Other aignificant conditions	a contributing to	death but n	ot reaulting	in the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
	A.S. C.V.D	De	mer	1119.			[	1 TYES 2			COMPLETION OF CAUSE DF DEATH?
											1 YES 2 NO
l _											
25.	WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF OEATH (C	heck only on	0)			
	1 TYES 2 NO	HOSPITAL:	ER/Outpatien	R 3 DOA	OTHER: 4 X Nursing Hom	e 5 🗆 Residence	6 🗆 Other	r (Specify)			
27.	MANNER OF DEATH	28e. OATE OF		28b. Til	IE OF 28c. INJ	URY AT			NJURY OCCU	RED	
	Natural 5 Pending Accident Investigation	(Month, Da	y, rear)	""		RK? YES 2 NO					
	3 Suicide 6 Could not be determined	26e. PLACE OF building, o	INJURY — A	1 home, ferm,	atreet, fectory, offic		261. LOCA	ATION (Street of Town, State)	and Number or	Rural Ro	oute Number,
1					V 17 12 12 12 12 12 12 12 12 12 12 12 12 12						
1	. CERTIFIER		ny knowledos	, death occurr	ed at the time, date						
1	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of									
1	(Check only 1 CERTIFYING PHYSIC				on, in my opinion, d	eath occured at 1h	e 1lme, date	and place, an	d due to the o	euse(s)	end menner ee stated.
290	(Check only 1 CERTIFYING PHYSIC	R: On the beele of ex		i/or investigation		eath occured at the		and place, an			end menner ee stated. (Month, Gay, Year)
290	(Check only one) 2 MEDICAL EXAMINER	R: On the beele of ex		i/or investigation	en, in my opinion, d			and place, an			



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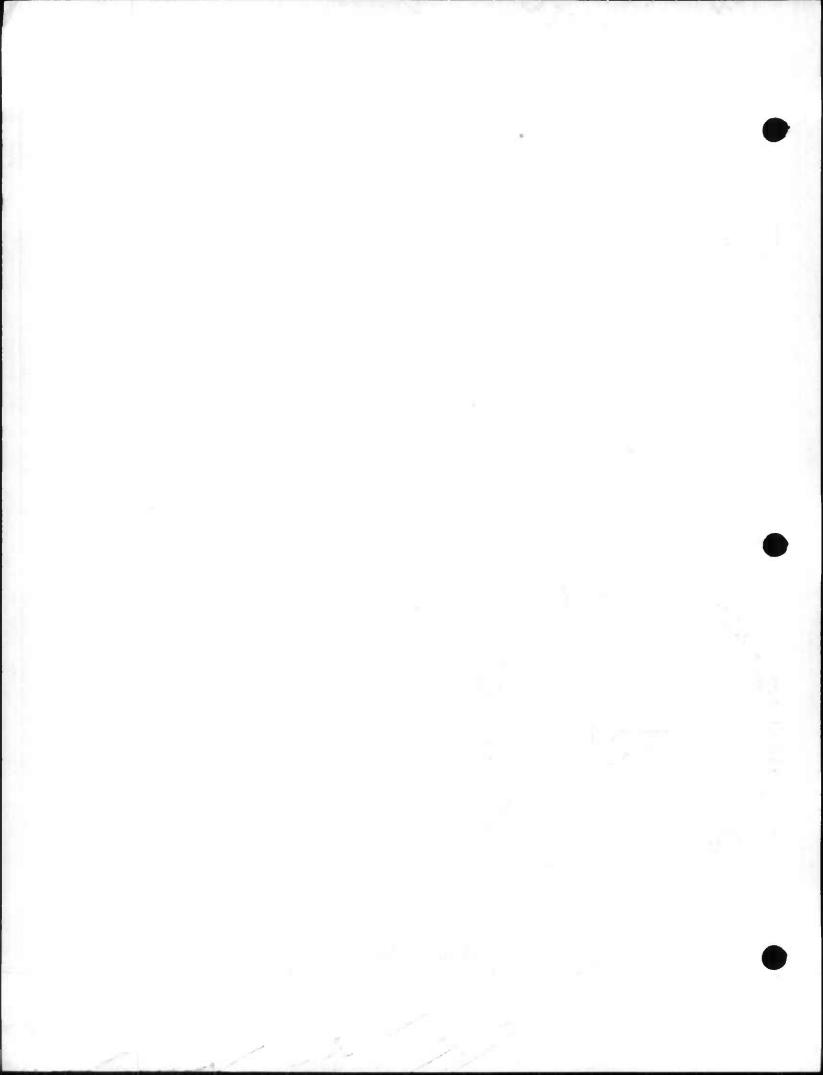
FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last,									
	EENA	No	RTON		2. DATE OF DEATH MONTH	o 93			
4. SOCIAL SECURITY NUMBER 212-20-0664		(In yrs. lest birthday)  83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	0	MRTHPLACE (State or Fondounity) M T)		
Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN E	R LOCATION OF DE		9c. COUNTY			
LIBERTY MEDIC RESIDENCE OF DECEDENT  10a. STATE  MD  10b. COUN									
RESIDENCE OF DECEDENT			and making pure						
MD		TON			10d. INSIDE CITY LIMITS?				
		DA	LTIMORI	ZIP CODE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
617 EDGEWOOD	STREET			21229					
100. STREET AND NUMBER 617 EDGEWOOD 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye		S.A.  RACE — American Indian Black, White, etc.		
MXWidowed 4 □ Divorced	FORCES? 1 YES		If yes, sp	2XXVIII Specify	n, Puerto Rican, etc.)		Black, White, etc.  Specify: BLACK		
15. DECEDENT'S ED			USUAL OCCUPATION		16b. KIND OF BU	ISINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us							
9th		PRAC	TICAL 1						
- III DENITAMENT TOTAL	ICON				ME (First, Middle, Maide	Surname)			
BENJAMIN JOHN 19a. INFORMANT'S NAME (Type/Print)	NSON	200			CANNON				
WILLIAM PRESE	OTIDV				Route Number, City or To				
200. METHOD OF DISPOSITION					/BALTIMO				
1 M Burial 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from State C6	b. PLACE AND DATE of the start	ther place)			DCATION — City	e		
21. SIGNATURE OF FUNERAL SERVICE L		CABERNAC		ETERY ID ADDRESS OF FA		LLSTON	I, MD		
	MY C	2	az. Name A	ID ADDRESS OF TH	ali i				
Mimel	W D H	no	WM.C	- MARCH	F.H./110	I E N	NORTH AVE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  LROSEPSS WITH DIEHYDRATION  DUE TO (OR AS A CONSEQUENCE OF):  A12TERIOSCLERODIC HEAZE WITH  PERMANENT PALEMALER  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate	b. AIZTER	1'0 SC LE	ROPE	HEAR	7 19181				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. AIZTER  DUE TO (OR AS  C. PE	1'0 SC LE	ROPE	HEAR	7 19181				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. PE	1'0 SC LE	ROPE TO WITH FAT P	ALEM	7 19181				
	c. PE	LOSCZE A CONSEQUENCE OF RMANE A CONSEQUENCE OF ETES	ROPIC TO WITH FAT P TIME 2	21TMS	19181 1412 E.R. Part I. 24a. WAS AI	EASE NAUTOPSY	24b. WERE AUTOPSY FIR		
	c. PE	LOSCLE ACONSEQUENCE OF ACONSEQUENCE OF ETES  but not resulting	POPE PINTP FI: 1ME2	21TMS	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	AVAILABLE PRIOR T		
PART II. Other significent condition  - ALZ KEIT	c. PE  DUS TO (OR AS  d. PIA 13  One contributing to death  MERS DO'S	LOSCLE ACONSEQUENCE OF ECONSEQUENCE OF ECONSEQ	POPE PINTP FI: 1ME2	21TMS	19181 1412 E.R. Part I. 24a. WAS AI	N AUTOPSY RMED?	AWAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
PART II. Other significant condition  - ALZ KEIT  - HYPOTY	ons contributing to death  MERS 1015  LYRUINS 1	LOSCLE ACONSEQUENCE OF RHANE ACONSEQUENCE OF ETES but not resulting SEASE	POP'E POT P FI: 1ME2 In the underlying	21TMS	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	AWAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the conditions of the conditions of the cause of the	ons contributing to death  MERS D'S  LYRUIDES  DESTRUCTOR  DISTRUCTOR  DINTUCTOR  DISTRUCTOR  DISTRUCTOR  DISTRUCTOR  DISTRUCTOR  DISTRUCT	LOSCLE ACONSEQUENCE OF ECONSEQUENCE OF ECONSEQ	PROPIE PROVITHENT P FI: 1ME2 In the underlying	21TMS	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	AWAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
PART II. Other significant condition  - ALZ KEIT  - HYPOTY	ons contributing to death  MERS 1015  LYRUINS 1	LOSCLE ACONSEQUENCE OF ACONSEQUENCE OF ETES  but not resulting SEASE  '5012DE	POP'C FR WITH FNT P FI:  1ME 2 In the underlying ER 26. PL OTHER:	21725 g cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY RMED?	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
PART II. Other significant condition  - ALZ KEIN  - KYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	c. PE  DUSTO FOR AS  d. PIA 13  One contributing to death  MERS DO'S  HOYRUIDTS!  HOSPITAL: 1   Alignment 2   ER/OUT	A CONSEQUENCE OF ETES  but not resulting  SEASE  'SOIZDE  tpatient 3 00A	POTE  1 A E 2  26. PL  OTHER: 4 Nursing Hom  BE OF 28c. INJ	21725 g cause given in  ACE OF DEATH (Ch	Part I. 24a. WAS AI PERFO	NAUTOPSY RMED? 2 BYNO	AMBLABLE PRIOR TO COMPLETION OF CA OF DEATH?		
PART II. Other significant condition  - ALZKEIF  - ALZKEIF  - KYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   5   Panding	c. PE  DUSTO (OR AS'  d. PIA 13  One contributing to death  MERS DO'S  HYRUIDOS!  HOSPITAL:  1 Kinpetient 2 ER/Out  286. DATE OF INJURY  (Month, Day, Year)	A CONSEQUENCE OF ETES  but not resulting  SEASE  'SOIZDE  tpatient 3 00A	POTE PROTE PROTE PROTE PROTE  26. PL  OTHER: 4   Nursing Hom BE OF   28c. INJ. WO	21725 g cause given in  ACE OF DEATH (Ch	Part I. 24a. WAS Al PERFO 1 YES	NAUTOPSY RMED? 2 BYNO	AWAILABLE PRIOR TO COMPLETION OF CUOT DEATH?		
PART II. Other significent condition  - ALZHEIT  - HYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	C. PE DUSTO FOR AS  DUSTO FOR	A CONSEQUENCE OF A CONSEQUENCE OF E S  but not resulting SEASE  'SOIZ DE  tpetient 3 000 C	POTE PROTE PROTE PROTE PROTE  26. PL  OTHER: 4   Nursing Hom BLOF BLOF WO 1   1	21725 g cause given in  ACE OF DEATH (Chr.  5 G Residence URY AT RK? (ES 2 G ND	Part I. 24a. WAS A PERFO 1 YES  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW	NAUTOPSY RIMED? 2 DE NO	AMALABLE PRIOR TO COMPLETION OF CLOOP DEATH?  1 YES 2 N		
PART II. Other significent condition  - ALZHEIT  - HYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  4 Homicide determined	c. PE  DUSTO (OR AS  d. DIA 13  One contributing to death  MERS DO'S  HORPITAL:  1 Alpertent 2 ER/Out  286. DATE OF INJURY (Month, Day, Veer)	A CONSEQUENCE OF A CONSEQUENCE OF E S  but not resulting SEASE  'SOIZ DE  tpetient 3 000 C	POTE PROTE PROTE PROTE PROTE  26. PL  OTHER: 4   Nursing Hom BLOF BLOF WO 1   1	21725 g cause given in  ACE OF DEATH (Chr.  5 G Residence URY AT RK? (ES 2 G ND	Part I. 24a. WAS AI PERFO 1 YES	NAUTOPSY RIMED? 2 DE NO	AMALABLE PRIOR TO COMPLETION OF CLOOP DEATH?  1 YES 2 N		
PART II. Other significent condition  - ALZ HEIT  - HYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	c. PE  DUSTO FOR AS  d. PIA 13  ons contributing to death  MEP6 DO'S  EYRUINTS!  HOSPITAL:  1   Ampetion 2   ERVOUR  (Month, Day, Veer)  28e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONSEQUENCE OF E S  but not resulting SEASE  'SOIZDE  tpetient 3 DOA  17 At home, farm, incoming	POTICE  Pr. WITH  FI:  1	21725 g cause given in  ACE OF DEATH (Chi e 5 = Residence URY AT REY (ES 2 = ND	Part I. 24a. WAS AI PERFO 1 TYES  BCK only one)  6 Ther (Specity)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State	NAUTOPSY RMED? 2 PL NO INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CLOOP DEATH?  1 YES 2 N		
PART II. Other significant condition  - ALZHEIF  - HYPOTY  SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	C. PE  DUSTO (OR AS'  d. PIA 13  DOIS CONTRIBUTING to death  MEPS DOIS  HOSPITAL:  1 A Inperient 2 ER/Out  28e. PLACE OF INJURY (Month, Day, War)  28e. PLACE OF INSURY building, etc. (Special Control of the part of the par	A CONSEQUENCE OF RANGE A CONSEQUENCE OF E S  but not resulting SEASE  'SOIZOE  tperient 3 00A  TY - At home, farm, inscript)  Wiedge, death occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence oc	POTICE  In the underlying  26. PL  OTHER: 4   Nursing Hom BE OF   28c. PM, JURY M   1   1   1    street, factory, office  ed at the time, data	21725 g cause given in  ACE OF DEATH (Chr e 5 Residence UST AT RK7 (ES 2 ND) end place, end due	Part I. 24a. WAS AI PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and markets.	NAUTOPSY RIMED? 2 P NO INJURY OCCURE and Number or Ri	ANALABLE PRIOR T COMPLETION OF CA OF DEATH?  1 YES 2 N		
PART II. Other significent condition  - ALZHEIF  - HYPOTY  SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   S   Pending Investigation   Suicide   Gould not be determined  29. CERTIFIER   CERTIFIYING PHY: One)   MEDICAL EXAMINED  20. CENTIFIER   MEDICAL EXAMINED  20. CONTRIBUTE   MEDICAL EXAMINED	d. DUSTO (OR AS'  d. DIA 13  ons contributing to death  MERS DIS  HOSPITAL: 1   Nipetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spi	A CONSEQUENCE OF RANGE A CONSEQUENCE OF E S  but not resulting SEASE  'SOIZOE  tperient 3 00A  TY - At home, farm, inscript)  Wiedge, death occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence oc	POTICE  In the underlying  26. PL  OTHER: 4   Nursing Hom BE OF   28c. PM, JURY M   1   1   1    street, factory, office  ed at the time, data	21725 g cause given in  ACE OF DEATH (Chi e 5   Residence URY AT RK7 (ES 2   ND end place, end due eath occured at the	Part I. 24a. WAS AI PERFO 1 TYES  Cock only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and mattime, date and place, a	NAUTOPSY RMED? 2 PNO  INJURY OCCURE  and Number or Ri  owner as stated.  Indidue to the car	AWARABLE PRIOR T COMPLETION OF CU OF DEATH?  1 YES 2 N  D  D  D  D  D  D  D  D  D  D  D  D  D		
PART II. Other significent condition  - A L Z H E   F    - H Y POT Y  - SE I Z  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINED  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	d. DUSTO (OR AS'  d. DIA 13  ons contributing to death  MERS DIS  HOSPITAL: 1   Nipetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spi	A CONSEQUENCE OF A CONS	POT C  FR WITH  FF:  1 A E 2  In the underlying  26. PL  26. PL  26. PL  26. INJ  WO  1 U  street, factory, office  ed at the time, date on, in my opinion, d	21725 g cause given in  ACE OF DEATH (Ch  5 G Residence URY AT RK7 (ES 2 ND  end place, end due eath occured at the	Part I. 24a. WAS AI PERFO  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and metime, date and place, a	INJURY OCCURE  and Number or Re  sinner as stated.  29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CU OF DEATH?  1 YES 2 N  N  N  N  N  N  N  N  N  N  N  N  N		
PART II. Other significent condition  - ALZ HEIT  - HYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notures 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUSTO (OR AS'  DUSTO (OR AS'  DIA 13  DOIS CONTRIBUTING to death  DIA 13  DOIS CONTRIBUTION  DIA 13  DOIS CONTRIBUTION  LA 2 DIA 13  PLACE OF INJURY (Month, Day, Veer)  28e. PLACE OF INJURY (Month, Day, Veer)  28e. PLACE OF INJURY (Month, Day, Veer)  SICIAN: To the best of my knowner: On the basic of examination  DER. On the basic of examination	A CONSEQUENCE OF A CONS	POT C  FR WITH  FF:  1 A E 2  In the underlying  26. PL  26. PL  26. PL  26. INJ  WO  1 U  street, factory, office  ed at the time, date on, in my opinion, d	21725 g cause given in  ACE OF DEATH (Ch  5 G Residence URY AT RK7 (ES 2 ND  end place, end due eath occured at the	Part I. 24a. WAS AI PERFO  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and metime, date and place, a	INJURY OCCURE  and Number or Re  sinner as stated.  29d. DATE SIG	AMRLABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 Ni  D  D  D  D  D  D  D  D  D  D  D  D  D		
PART II. Other significent condition  - ALZHEIT  - HYPOTY  - SEIZ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  2 Accident Investigation 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	DUSTO (OR AST  DUSTO (OR AST  DISTO	A CONSEQUENCE OF A CONS	POT C  FR WITH  FF:  1 A E 2  In the underlying  26. PL  26. PL  26. PL  26. INJ  WO  1 U  street, factory, office  ed at the time, date on, in my opinion, d	21725 g cause given in  ACE OF DEATH (Ch  5 G Residence URY AT RK7 (ES 2 ND  end place, end due eath occured at the	Part I. 24a. WAS AI PERFO  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and metime, date and place, a	INJURY OCCURE  and Number or Re  sinner as stated.  29d. DATE SIG	AMALABLE PRIOR TO COMPLETRON OF CLOOP DEATH?  1 YES 2 N  NED Provide Number.		
PART II. Other significent conditions of the con	DUSTO (OR AS'  DUSTO (OR AS'  DIA 13  DOIS CONTRIBUTING to death  DIA 13  DOIS CONTRIBUTION  DIA 13  DOIS CONTRIBUTION  LA 2 DIA 13  PLACE OF INJURY (Month, Day, Veer)  28e. PLACE OF INJURY (Month, Day, Veer)  28e. PLACE OF INJURY (Month, Day, Veer)  SICIAN: To the best of my knowner: On the basic of examination  DER. On the basic of examination	A CONSEQUENCE OF RANK A CONSEQUENCE OF RANK	POT C  FR WITH  FF:  1 A E 2  In the underlying  26. PL  26. PL  26. PL  26. INJ  WO  1 U  street, factory, office  ed at the time, date on, in my opinion, d	21725 g cause given in  ACE OF DEATH (Ch  5 G Residence URY AT RK7 (ES 2 ND  end place, end due eath occured at the	Part I. 24a. WAS AI PERFO  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and metime, date and place, a	INJURY OCCURE  and Number or Re  sinner as stated.  29d. DATE SIG	1 YES 2 N		

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	a filed within 20 hours after death with the State Bent of Health and Mental Avriene prior to burial cremation or rem
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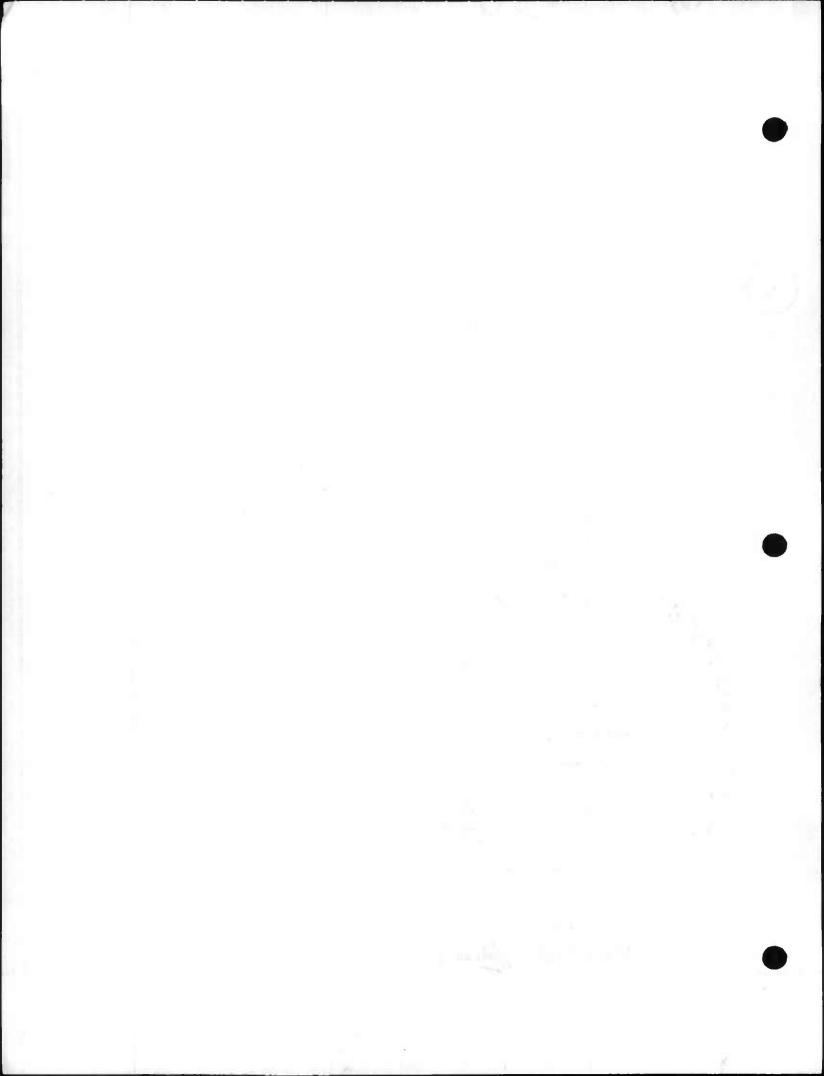
1	1. DECEDENT'S NAME (First		Mr.		MITTER	38	1			MONT			YEAR	TIME OF DEAT	Н
	JULIET  4. SOCIAL SECURITY NUMBER		Me.	6. AGE (In you	NUTT	AF TIMOS	R 1 YEAR	AE LINOS	R 24 HRS.	02	OF BIRTH			03:12	AM
1 1	057-32-05		1 M 2 F	60		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Country)	407	
	9a. FACILITY NAME (If not in					Oh CIT	/ TOWN	OR LOCAT	ION OF D	1	10-32		TY OF DEAT	ENGLA	ND
DIRECTOR	THE JOHNS	в норк		LTAL				MORE	ION OF DI	CAIN				RE CITY	
[ [ [	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOC	ATION					1,0	Dd. INSIDE CITY	
뜸	MD.				1		LTO							LIMITS?	
AL I	10e. STREET AND NUMBER					ממ	_	of. ZIP COD	)E			10a, CITIZ	/	AT COUNTRY?	NU
E I	3 ТАМИО	DRTH	RD.				- 1"		210						
FUNER	11. MARITAL STATUS	71(111	12 WAS DECEDE	NT EVER IN U.S	. ARMED	13.	WAS DE				N? (Specify Yes		S.A	American India	
BY	1 Never Married 2   3   Widowed 4   Dive		FORCES?	YES 2	NO		If yes, s		an, Mexica	in, Puerto	Rican, etc.)		Black, V Specify:	WHITE	.,
ED		EDENT'S EDU		16a	. DECEDENT'S	S USUAL C	CCUPAT	TION	ina	16	. KIND OF BUS	INESS/INDU	ISTRY		
F	Elementary/Secondary (		College (1-4 or 5	+)	Illa. Do NOT	use retired.)			n'ny						
COMPL			4+		COL	INSE	LOR				CONT	INUI	IG E	DUCATI	ION
8	17. FATHER'S NAME (First, M							18. MOT			Middle, Maiden				
BE	JOHN BA										A McHI				
2	19a, INFORMANT'S NAME (										aber, City or Town				
	JENNIFER		Γ		29	26	BEN	VENU	JE A	VE.				94705	5.
	20e. METHOD OF DISPOSIT 1  Burlal 2 Crematic 4  Donation 5 Other	on 3 🗆 Rem		20b. PLA cometen (N I	CHE'S	of Dispo	DAV	IDS	CH.	2/		ALTO		,	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.		AND ADDRE			VKINS		NIC (	~~	
	*Wille	an	R. Pac	KaI	1	$\perp$	4	905	YOR	K RI	D. BAI	TO.	MD.	21212.	
	IMMEDIATE CAUSE (Fil	eart feilure.	List only one ca	use on each	line.		r the m	ode of dy	ing, suc	h as car	dlec or respi	ratory arre	at,	Approximatinterval Be Onset and	etween
	disease or condition resulting in death)	<b>→</b>		O (OR AS A CO)										Mo	NTH
NOIL	Sequentially list conditions, if any, leading to immediate  b														
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CERI	resulting in death) LAS		d											+	
	PART II. Other aignifica					in the U	nderlyi	ng cause	given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FI	
MEDICAL	MULT	IPLE	E MYE	Lome	4						PERFOR	. 0	C	MAILABLE PRIOR OMPLETION OF C F DEATH?	
Ä	- r P v											7		YES 2 N	NO
=															
X	25. WAS CASE REFERRED T	O MEDICAL					26. 1	PLACE OF D	DEATH (Ch	eck only o	ne)				
Sic	1 YES 1 NO		HOSPITAL:	☐ ER/Outpatier	n 3 🗆 DOA	OTHE 4 Nu		me 5 🗆 R	esidence	6 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. Ti		28c. IN	JURY AT			SCRIBE HOW II	NJURY OCCI	JRED		
ВУ		Pending Investigation	(Month,	July, Towny	, "	M		YES 2	□ NO						
		Could not be determined	28e. PLACE ( building	OF INJURY — A , etc. (Specify)	it home, farm,	street, fac	tory, off	ice		28f. LOC C/ly	CATION (Street of or Town, Stete)	and Number o	or Rural Rout	te Number,	
Ę	29a. CERTIFIER	TIFYING PHYS	ICIAN: To the beat o	f my knowledge	, death occur	red at the	time, de	te end place	e, end due	to the co	use(e) and man	mer en etete	d		
COMPLETED	one)		ER: On the basic of											nd manner ee st	taled.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R () .	. 0				29c, LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	fonth, (Day, Ybar)	
	muchie	6 6	6	48 /	8							13	1/12	2/83	
5	30. NAME AND ADDRESS O	F PERSON WI		M. D.	0 -		Tito	× 1-	711	15	Hapr.	41 6	Last	PITHL	
	31. DATE FILED (Month, Day,	-	32. REGISTR	AR'S SIGNATUR	in. D.	4	1.6	- 40	JUT N	2 (	TOT LC	N > (	102/	1 PTL	-
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spital or attending ed for use as the

STATE (	/ DEPARTMENT CERTIFICATE		MENTAL	H
			2. DATE O	FC

for 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		TAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last	)				ATE OF DEATH		3. TIME OF DEATH
NICHOLAS MICH	IAEL OPSZEI	NTKOSKI			RUARY 1	0, 1993	6:00 a.m.
4. SOCIAL SECURITY NUMBER	-		F UNDER 1 YEAR IF UNDER	24 HRS. 7. DA	TE OF BIRTH onth, Day, Year)	B. BIRT Cour	THPLACE (State or Foreign
213-2 <b>6</b> -8607	1 🕅 M 2 □ F 6.	2 YAS.		12	/6/30		RYLAND
Se. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION	ON OF DEATH		9c. COUNTY OF	DEATH
VA MEDICAL CENTER	{		FORT HOWARD			BALTIMO	ORE
10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
MARYLAND			BALTIMORE	CITY			LIMITS?  NES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	E	-	10g. CITIZEN OF	WHAT COUNTRY?
3520 BANK STREET				21224		USA	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	13. WAS OECENDENT O	n, Mexican, Puer		or No- 14, RAI	CE — American Indian, ck, White, etc.
3 🗍 Widowed 4 🖳 Divorced	4/8/48-4/2/		1 TYES 2 NO	Specify:		Spe	WHITE
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. OECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use	k done during most of working retired.)	ng			
10th GRADE		0	VELDER				
17. FATHER'S NAME (First, Middle, Last)					st, Middle, Maiden	Surname)	
ANTHONY OPSZENTE	COWSKI			NA LISA			
19a. INFORMANT'S NAME (Type/Print)		•	DORESS (Street and Number				
MRS. VICTORIA R			GREENWAY RD				030
1 1 Buriel 2 Cremation 3 Real	moval from State	D. PLACE AND DATE OF Detery, cremetory or othe TADD TOO I	DISPOSITION (Name of CREST CEM.	0/17/	ATE 20c. LO	CATION — City or	
21. SIGNATURE OF FUNERAL SERVICE L		JAKKISUN I	22. NAME AND ADDRES			WINGS MI	LLS, MU
H	0/)	0	DUDA-RUCK 7922 WIS	( FUNER	AL HOME	OF DUND	ALK, INC.
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	C ADENOCAI A CONSEQUENCE OF): A CONSEQUENCE OF):	RCINOMA OF	LIVER			Six mont
that initiated events resulting in death) LAST	d	CONSEQUENCE OF):					
PART II. Other significent condition HYPERTENSION	ins contributing to death b	out not resulting in	the underlying cause of	given in Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATN (Check only	( one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Home 5 Re	sidence 6 🗆 0	ther (Specify)		
27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	28c. INJURY AT WORK?  M 1 YES 2		DESCRIBE HOW I	NJURY OCCUREO	
3 Suicide 8 Could not be determined	28a, PLACE OF INJURY	/ — Al home, farm, stri	net, factory, office	281. L	OCATION (Street of Otty or Town, State)	and Number or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMIN 29b. SURFALMED AND TITLE OF CERTIFI		rledge, death occurred in and/or investigation,	in my opinion, death occur	, and due to the red at the time, d	cause(e) and mai	d due to the cause	(a) and manner se stated.  D (Month, Day, Year)
Jeren	/won					2/10/9	93
30. NAME AND ADDRESS OF PERSON W				371	ANTE OIL	50	
PETER JUVAN, M.D.			FORT HOWARD	, MARYL	AND 210	52	
FEB 1 6 1	993	Midden-Randa	K.				



BALTIMORE, MARYLAND 21215-0020	ISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e Optificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
OF VITAL RECORDS, P.O. BOX 68760,	INSICIAN: The law requires that the death certificate be executed within 24	curificate has been signed by the attending physician and completely fill

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BY FUNERAL DIRECTOR

TO BE COMPLETED

SICIALY: THE ISM REQUIRES THAT THE DESTIT CELLINCATE DE ENECUTION WITHIN 24 HOURS SITTED DESTIT. PAGE & MAY DE TRIBINED BY THE HOS	exprincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the me State Dent of Health and Mental Hydiene polor to burial cremation, or removal	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OF TO THE FUNERAL DIFFER STEEL WITHIN 72 hours IMPORTANT: If Item

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR	STATE	OF MARY	LAND / CE	DEPAR	TMENT	OF H	HEALTH DEAT	AND I	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle,	Last)								2. DATE OF DEATH	MV a	2 2V5AR	3. TIME OF DEATH
Frances OTREMBA 2 13 1993 1993 1993						193	1:00 P. <sub>M</sub>					
4. SOCIAL SECURITY NUMBER	5. SEX		8. AGE (In yrs. last birthday) IF			YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIFTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
212-14-1216			72	YRS.		-	Noons		July 30	192		aryland
9e. FACILITY NAME (If not institution,	•	er)			9b. CITY, 1	OWN (	OR LOCATIO	ON OF DE	АТН		UNTY OF D	
Franklin Sq.	Hosp.									Bal.	timor	e County
	OUNTY			10c. CITY	r, TOWN OR	LOCAT	TION					10d. INSIDE CITY
Md.	Baltimo	re										LIMITS? 1 TYES 2 NO
10e. STREET AND NUMBER						101	r. ZIP CODE			10g. CI	TIZEN OF V	VHAT COUNTRY?
7515 Bisca	yne Bay	Blvc	l •				21	.220	)	U	·S.A	•
11. MARITAL STATUS		EDENT EVER	IN U.S. ARI	MED					IIC ORIGIN? (Specify Ve	s or No-	14. RACE	- American Indian, k, White, etc.
1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:					Speci	White		
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BHOMESE/MINDHETRY							wnite					
(Specify only highest	grade completed)		(G/	ve kind of w Do NOT us	rork done du	ring mo	ost of workin	g	16b. KIND OF BL	ISINESS/IN	IDUSTRY	
8th  College (1-4 or 5+)  Homemaker												
17. FATHER'S NAME (First, Middle, Las	st)	_				_	18. MOTH	ER'S NA	ME (First, Middle, Maider	Surname)		<del></del>
Michael K	owalews	ki							Woginski			
19e. INFORMANT'S NAME (Type/Print)	)						nd Number	or Rural I	Route Number, City or Tox	vn, State, Z		
Mary Elaine	O'Neill		_   :	1249	Del	Ъе	rt A	ve	Baltimor	e. I	Md.2	1222
Mary Elaine O'Neill 1249 Delbert Ave Baltimore, Md.21.  20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of complete v. cremeter), cremetery or other place)  DATE 20c. LOCATION — City or Town, complete v. cremetery, cremetery or other place)					wn, Stata							
4 Donatton 5 Other (Specify) Holly Rosary												
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	0	4		22, N.	AME AI	ND ADDRES	S OF FA	neral Ho	me (	of D	undalk
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Connelly Funeral Home of Dundalk 7110 Sollers Point Rd. Dundalk 2122												
23. PART I. Enter the diseases shock, or heart fel	, or complication	s thet ceuse e ceuse on	d the de	ath. Do n	ot enter t	he mo	de of dyl	ng, suc	h as cardiac or resp	iratory s	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Finel								Onset and Death				
resulting in death)  Pleural Effusions												
	DUE TO (OR AS A CONSEDUENCE OF):											
Sequentially list conditions,	W	Lymphomia - unresponsive to therapy							_			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				A CONSEQUENCE OF):								
				A CONSEDUENCE OF):				+				
resulting in death) LAST					•							
	a											

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. - Uninary Tract Infection Anemia

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 - YES 2 NO

6 Could not be determined

27. MANNER OF DEATH

1 X Matural
2 Accident
3 Suicide

4 Homicide

HOSPITAL:
1)( Inpetient 2 ER/Outpatient 3 DOA OTHER: 26e. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 ND 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

28b. TIME OF

261. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one)

29c. LICENSE NUMBER

oel 02

Jacqueline Royce, 10 9000 Franklin Square Dr. Baltimore 21237

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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10		219-38-0415		1 🗆 M 2 🔀 F		51	YRS.	MONTHS	DAY8	HOURS	'
should	3	9a. FACILITY NAME (If not in	stitution, give	street and number)				9b. CITY	r, TOWN	OR LOCATI	ION
2, 3	DIRECTOR	7810 Cla	rk Ro	oad #72	2C				Jes	sup	
- e	<u></u> 등	RESIDENCE OF DEC	10b. COUNT				10. OIT	Y, TOWN (	201001		
Page		MARVIAND ANNE ARINDE								ION	
mit.	_	10s. STREET AND NUMBER	01	ESSUP 101. ZIP CODE							
# De	A A	7810 CLARK									
020 physician. burlal-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS		C-72	IT EVER IN	US AR	4ED	13		20794	_
020 physi buria			Married		YES	2 X N			If yes, sp	ecify Cubi	ın, I
ding the	BY	3 Widowed 4 Divo	rced						I 📋 TES	2 ( <u>A</u> 110	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	COMPLETED		EDENT'S EDI			(Gh	EDENT'S	work done	CCUPATIO	ON ost of worki	na
12   12   12   12   12   12   12   12	<u>-</u>	Elementary/Secondary (0		College (1-4 or 5	flege (1-4 or 5+) Iffe. Do NOT us					or or works	139
AND 2. The hospital of detached for once.	A P	10		NONE		нО	MEMA	KER			
t e det		17. FATHER'S NAME (First, MI KENNETH L		JRPHY						ts. MOT	
MARYLAN  retained by the hor  s should be detach  notified at once.	BE					-				PAU	_
MA retain 5 sho	2	JOHN D.	OAKES	5						ROAD,	
y be		20a METHOD OF DISPOSITI			1 400		_				. (
BAL I IMORE, MARYL  or death. Page 6 may be retained by the tuneral director, page 5 should be rea.  il examiner must be notified at		20a METHOD OF DISPOSITI 7 A Burlal 2 Crematio 4 Donation 5 Other		noval from State	cem	etery, cren	natory or o	ther plecel			_
AL I IMOR teath. Page 6 m tuneral director, xaminer must		21. SIGNATURE OF FUNERAL		CENSEE	11/1	SADO	MKID			ND ADDRE	
ath.			1	9-11						ETON	
LS A lours after do lours after do lo by the for removal.	_	23. PART I. Enter the di	SI	alle				1		OND	
ITAL RECORDS, P.O. BOX 68/60,  If The law requires that the death certificate be executed within 24 hours after death, cate has been signed by the attending physician and completely filled in by the funeralisate Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	PHYSICIAN: MEDICAL CERTIFICATION	immediate cause (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS  PART it. Other significe Chronic	ons, dilate NG ny	b. DUE TO c. DUE TO d	(OR AS A (OR AS A death be	CONSEQ	UENCE OF	F): F):			
shoy H	Σ										
he law r b has be c Dept.	IAN	25. WAS CASE REFERRED TO	MEDICAL						26. PI	ACE OF D	EAT
NY: The	Sic	EXAMINER?		HOSPITAL:	ER/Outpu	ationt 3	DOA	OTHER 4   Nur		5.0	
	Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM		28c. INJ	URY AT	110
	BY P		Pending investigation	(Month, D	lay, Year)		INJ	URY M	1 🔲 1	PRK? YES 2 [	_ N
ATTENDE S after 68 18		3 Suicide 6 G	Could not be determined	28e. PLACE C building,	F INJURY etc. (Speci	— At hon	ne, farm, s	street, fact	tory, offic	•	
142年1	COMPLETED	onel		ER: On the best of							
TO THE HOSPI TO THE FUNER be filed within	8	Milles	OF CENTIFIE	O.	0	m	Der	outy	7	29c. LIC	ENS
	2	30. NAME AND ADDRESS OF	PERSON WI	HO COMPLETED CAU	SE OF DEA	TH (ITEM	27) (Type,	Print)			
		William P	. Joi	nes M I	)	P. 0	Box	2 99	) Т.	oth	i a

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 02 3. TIME OF DEATH 93 OLIVE MARIE OAKES 1950 7. DATE OF BIRTH (Month, Day, Year) 12-20-41 8. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA OF DEATH 9c. COUNTY OF DEATH AA 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Mexican, Puerto Rican, etc.) Specify: Specify: WHITE 186. KIND OF BUSINESS/INDUSTRY OWN HOME R'S NAME (First, Middle, Maiden Sumame) POWELL Rural Route Number, City or Town, State, Zip Code) C-72, JESSUP, MARYLAND 20794 DATE 20c. LOCATION — City or Town, State
ARK 1993 ELKRIDGE, MARYLAND OF FACILITY FUNERAL HOME, VE., S.W., GLEN BURNIE, MD , such as cardiac or respiratory erreat, Approximate Interval Between Onset and Death Insufficiency en in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO TH (Check only one) ence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 10 291. LOCATION (Street and Number or Rural Route Number, City or Town, State) nd due to the cause(e) end manner as stated. at the time, deta and place, end due to the cause(a) and menner ee stated. E NUMBER 29d. DATE SIGNED (Month, Day, Year) 06054  $\triangleright 02 - 12 - 93$ Lothian, Md. 20711 FEB 1 6 1993 Julia Duridan Hondare

5:50

a<sub>M</sub>

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

21214

21214

Approximata interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

United States

Baltimore, Maryland

93

9c. COUNTY OF OFATI

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Anna Petr 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 212-74-1329 94 YRS. 1 🗌 M 2 💢 F 12/17/1898 use as the burial-transit permit, Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 6412 Marietta Avenue Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 6412 Marietta Avenue 21214 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 1 TES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY director, page 5 should be detached for Flomentary/Secondary (0-12) College (1-4 or 5+) Homemaker notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph J. Svec Mary Tomisek 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6412 Marietta Avenue Baltimore, Md. Ann Schisler e 20s. METHOD OF DISPOSITION

1 💢 Burlel 2 🗆 Cremation 3 🗀 Removal from State
4 🗋 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Most Holy Redeemer Cem. 2/18/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Leonard J. Ruck, Inc. Mark T. Zavoyna the funeral Mark 5305 Harford Rd. Baltimore, Md. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. nding physician and completely filled in by Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Finel the disease or condition Utbyly Cydiac arest resulting in death) or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OLC OLC ON AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury OR ATTENDING PHYSICIAN: The law requires that the death certificate be objections: After this certificate has been signed by the attending physician habrs after death with the State Dept, of Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? DR. PARRAINEUER SAN 23 shows any 1 YES 2 NO COVERING FOR FAMILY PHYSICIAN MINTZER DR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF OFATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO ΒŸ 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 60 COMPLETED 6 Could not be TO THE FUNENAL DIRECTOR: be filed within 72 hours after IMPORTANT: 15 seem 28 19 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the bast of my knowledge, death occurred at the lime, data end place, end due to the cause(a) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER

MII.

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212 0 4

Varra

Northern

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3007 €.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) 2/10/93 OHMH-18 Rev 1/89

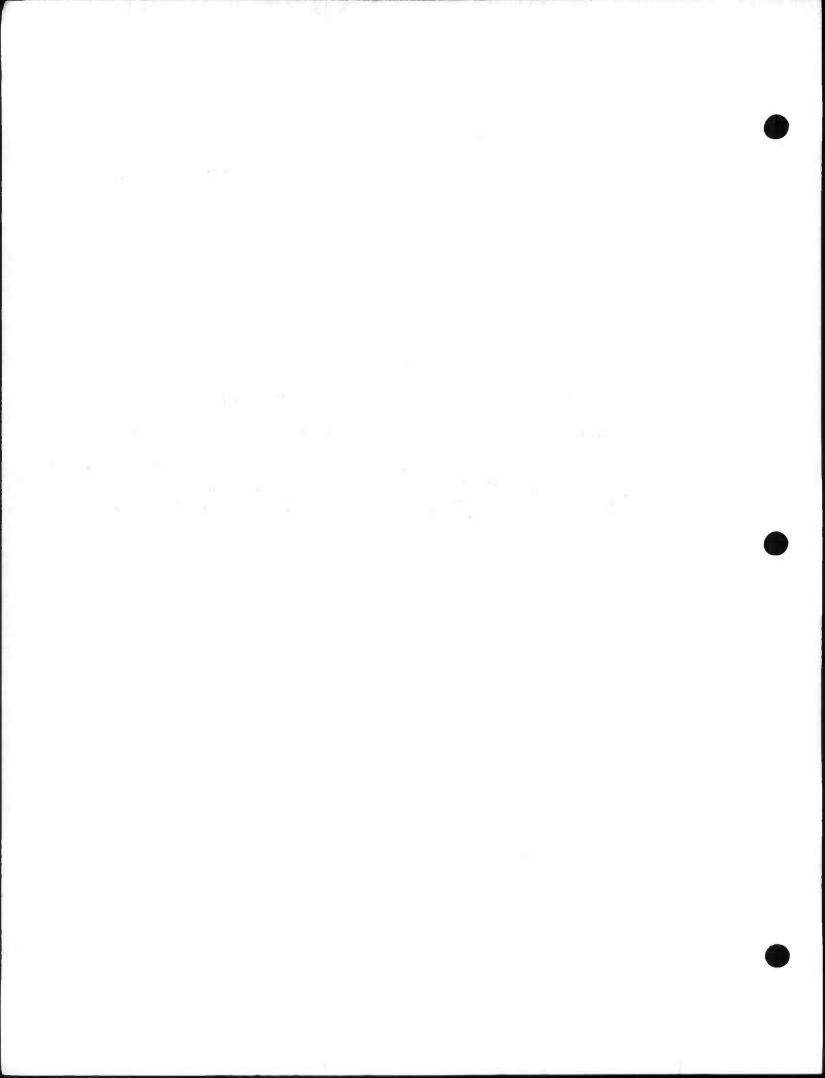
29c. LICENSE NUMBER

002966



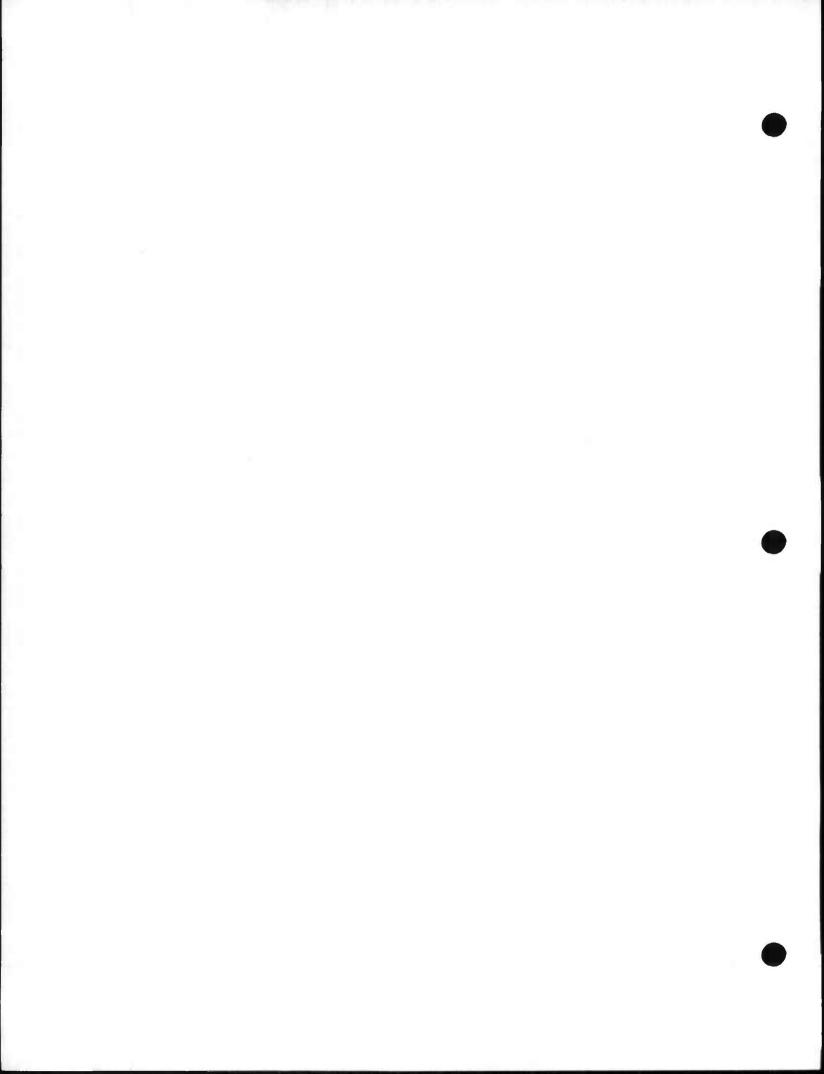
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JHE HOSP ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be refained by the hospital or attending physician	as the l		
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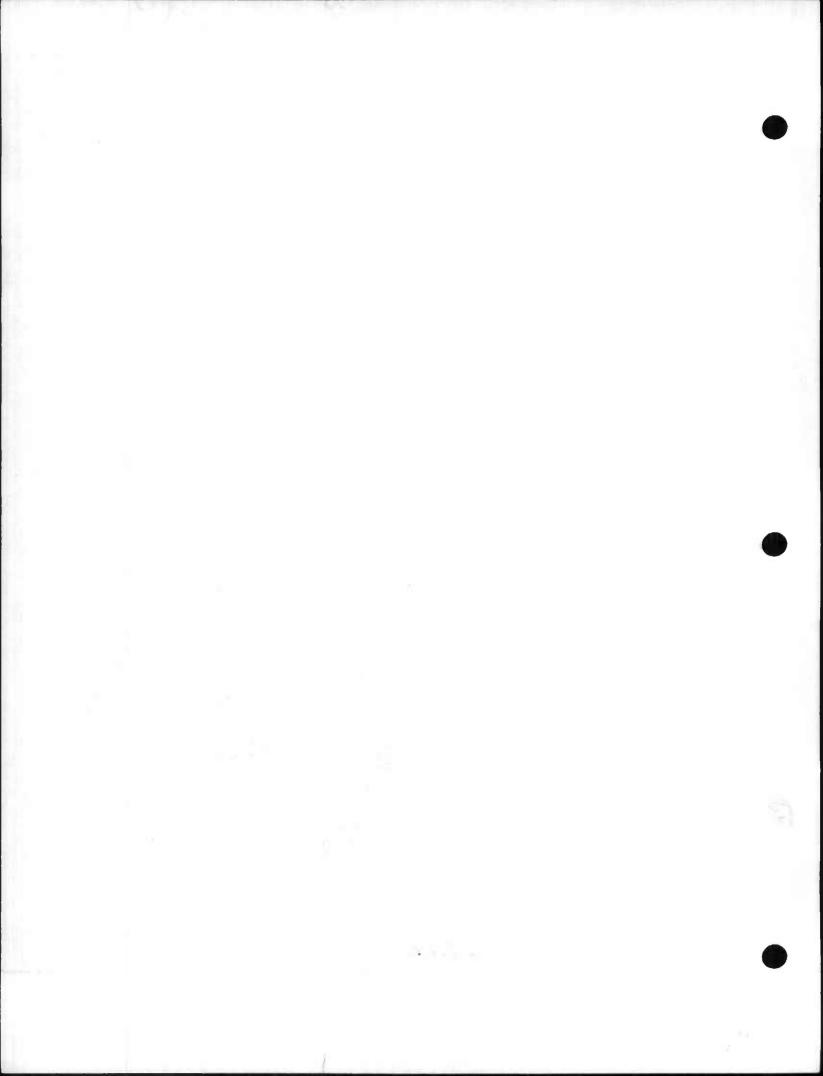
		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	TMENT OF H	EALTH AND M	IENTAL HYGIENE		
	- 6	1. DECEDENT'S NAME (First, Middle, Last)		guerite	Peterso		2. DATE OF DEATH DAY	YEAR	3. TIME OF OEATH
		MARGUE					2 15	93	9:10 AM
Pi		4. SOCIAL SECURITY NUMBER 219-18-4217	1 □ M 2 ☐ F	n yrs. last birthday) 69 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		923	PLACE (State or Foreign y) Maryland
3 should	œ	9a. FACILITY NAME (If not institution, give some John Hopkins Ge		ter		timore	АТН	9c. COUNTY OF D	EATH
2,	СТОВ	RESIDENCE OF DECEDENT							The Control
it. Pages	DIRE	10s. STATE 10b. COUNT	y Baltimore	10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
020 physician. bunal-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 7229 Golden R	ing Road		101	21221		10g. CITIZEN OF V	
0 mg at	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES  13. WAS DECEMDENT OF If yes, specify Cuban, 1 YES 2 MO				or No— 14. RACE Black Speci	- American Indian, k, Whita, etc.
215-0 attending use as the	9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	USUAL OCCUPATIO	IN st of working	16b, KIND OF BUSI	NESS/INDUSTRY	
21 21 or 1	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi	e retired.)	at or normy			
	ш	17. FATHER'S NAME (First, Middle, Lost) Frank Henge	mihle			18. MOTHER'S NAM Phoel	ne (First, Middle, Maiden S De Baker	lurname)	
MA retain 5 sho	TO B	19a. INFORMANT'S NAME (Type/Print)  Vera Comes		19b. MAILING 7 2 2	ADDRESS (Street at 29 Golde	nd Number or Aural Ac n Ring Ro	oute Number, City or Town, oad Baltimo	State, Zip Code) Ore MD.	21221
MORE, le 6 may be rector, page must be		20s_METHOD OF DISPOSITION 1	oval from Stata 20b.	PLACE AND DATEO	F DISPOSITION (Na L'I <sup>pla</sup> Cemet	me of ery 2/18		ation - chy or to altimore	
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		IN SUGNATURE OF FUNERAL SERVICE LIN	ensee /	lome		llyFunera	alHome 3001	MaceAve.	21221
urs aff		23. PART I. Enter the disesses, or shock, or heart failure.	complications that ceused Liet only one ceuse on es	the death. Do no	ot enter the mo	de of dying, such	as cardiec or reepire	atory arrest,	Approximate interval Between
24 I fille		IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Puino	NARY	EDEMI	A PER	2ITONITI	S	Onset and Death
687 eccuted and con burial,	NO	Sequentially list conditions,	· BUDS	TAGE 6	2BNAC	DISEAS			
D be cian lor t	ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	A CONSEQUENCE OF):					
P.O. th certification of other other of the other of the other of the other of the other of the other of the other of the other other of the other o	CERTIFICATION	thet initiated events resulting in death) LAST	d.	CONSEQUENCE OF	):				
E Me o	AL O	PART ii. Other significent condition	is contributing to deeth bu	ut not resulting in	n the underlying	ceuse given in P	Part I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS
COR ires that signed by tealth an	MEDIC/	RHEUMA RECURRE	DID THAT		C		PERFORM 1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
> 4 4			5-01	.00,7177			_		1 YES 2 NO
TA The ste h	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)		
F VIT.	YSI	1 🗆 YES 2 🗗 NO	1   Inpetient 2   ER/Outpe	stient 3 DOA		5 🗆 Residence 6	Other (Specify)		
O His with the ball of the bal	ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	RK? 'ES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED	
TISIC ATTEND CTOR: A after d	G	3 Suicide 6 Could not be 4 Homicide detarmined	28e, PLACE OF INJURY building, atc. (Speci	— At home, farm, st	treet, factory, office		281. LOCATION (Street an City or Town, State)	id Number or Rural F	Route Number,
	COMPLET	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the bests of examination						) and manner as stated,
TO THE HOSPITAL TO THE FUNERAL De Tied WithIn 72 IMPORTANT. II	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	acl my		DING-	D38		≥ 2/5	(Month, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WHE	PCH , MO	TO-N		VS GERIA	TRIC CENT	ER, BA	THUORE
1		31. DATE FILED (Month, Day, Year) FEB 1 6 1993	32. REGISTRAR'S SIGNA	TURE				l	



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	)							2. DATE OF	DEATH		1	. TIME OF DEATH
- 4	JAMES EDWA		CK						MONTH	DA	Y .	YEAR	6:55 A
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER	_	7. DATE OF	BIRTH		8. BIRTHPI	ACE (State or Foreign
	218-26-7962	1 🗆 🗶 2 🗆 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	9/1	5/19	32	W .	IRGINI
~	9e. FACILITY NAME (If not institution, give				9b. CITY	, TOWN E	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DEA	ATH
CTOR	WASHINGTON RESIDENCE OF DECEDENT	COUNTY H	HOSPIT	AL							H	AGERS	STOWN
	10e. STATE 10b. COUNT	TY		10c. CITY	Y, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY
DIME	MARYLAND				BA	LTI	MORE	3				,	LIMITS?
1	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF WH	AT COUNTRY?
PUNER	812 E. 41st S							2121				USI	
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	NO		If yes, sp	ecity Cuba	n, Mexica	NC ORIGIN? ( n, Puerto Rici	Specify Yes on, etc.)	or No—	14. RACE - Black,	- American Indian, White, etc.
à	3 Widowed 4 Divorced	3/6/19		0/31/	773	1 🗌 YES	2 (XNO	Specify	r:			Specify.	Black.
3	15. DECEDENT'S EDI (Specify only highest grad		16a. D	ECEDENT'S	USUAL O	CCUPATIO	DN pet of workin		16b. KI	ND OF BUS	INESS/INE	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	) III	Diete	e retired.)				Ve	tera	ne l	Admir	nistrat
L L				DICUC		, 50						Admili	1150140
3	17. FATHER'S NAME (First, Middle, Last)	i alr							ME (First, Mide		-		
٥	Daniel Patr  190. INFORMANT'S NAME (Typo/Print)	ICK	1,	9b. MAILING	ADDRESS	S (Street =			ria H			Code1	
2	Derrick Patri	ck											21216
	20g METHOD OF DISPOSITION 1 LA Buriel 2 Cremetion 3 Ren	nouni from State		EANDDATED					DATE	20c. LOC	CATION —	City or Town	n, State
	4 Donation 5 Other (Specify)		Garr.	ison							_		lls, MD
1	21. SHINATURE OF FUNERAL SERVICE L	ICENSEE		1	22,	LERC	Y O	S OF FA	Thur.	& SO	N FI	INER	AL HOME
	E SUN MI	- O. I	10	VI	14	600	LI	BERT	Y HE	IGHT	S A	VENUI	E 21207
	IMMEDIATE CAUSE (Final disease or condition	0.0	se on each lin						h as cardia	600			Interval Bety
7		. Me	20 Ling (OR AS A COMS	i tis									
rion	disease or condition	a. DUE TO	euing	EQUENCE OF	F):								Interval Bety
ICATION	disease or condition resulting in death)  Sequentially flat conditions,	a. DUE TO	OR AS A CONSI	EQUENCE OF	F):								Interval Bety
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	20 you	EQUENCE OF	F):					88.0			Interval Bety
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- 11	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	OR AS A CONSI	EDUENCE OF	F): F):					Ia. WAS AN / PERFORI	AUTOPSY	24b. V	Interval Bety Onset and D
- 11	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	OR AS A CONSI	EDUENCE OF	F): F):				Part I. 24	le. WAS AN	AUTOPSY MED?	24b. V	Interval Bety Onset and D  PERE AUTOPSY FIND MAILABLE PRIOR TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	OR AS A CONSI	EDUENCE OF	F): F):				Part I. 24	Ia. WAS AN / PERFORI	AUTOPSY MED?	24b. V	Interval Betw Onset and D
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO d. DUE TO HOSPITAL:	OR AS A CONSI	EQUENCE OF	F): F): OTHER	26. PL	g cause g	jiven in	Part I. 24	ia. WAS AN . PERIFORI  YES 2	AUTOPSY MED?	24b. V	Interval Betw Onset and D
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CONSI	EQUENCE OF EDUENCE OF resulting i	F):  F):  OTHER  A □ Nun  E OF	26. PL 26. PL 28: Bling Hom 28c, (NJ	g cause g	jiven in	Part I.   24	ia. WAS AN PERIFORI YES 2	AUTOPSY MED?	24b. 4	Interval Betw Onset and D
PHTSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CONSI	EQUENCE OF EDUENCE OF resulting i	F): F): OTHEF 4 \square Num	26. PL R: sing Hom 28c. NJ WO	g cause g	EATH (Che	Part I. 24 1 1 book only one) 6 🗆 Other (S	ia. WAS AN PERIFORI YES 2	AUTOPSY MED?	24b. 4	Interval Betw Onset and D
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	b. DUE TO  c. DUE TO  d	OR AS A CONSI	EDUENCE OF EDUENCE OF resulting i	OTHER	26. PL R: sing Hom 28c. INJ WO 1 1 1	G cause g  _ACE OF DI  ie 5 ☐ Re  URY AT  PK?  YES 2 ☐	EATH (Che	Part I. 24 1 1 book only one) 6 Other (S 28d. DESCR	Ia. WAS AN / PERFORI	AUTOPSY MED? NO	24b. V	Interval Betw Onset and D  VERE AUTOPSY FIND MAILABLE PRIOR TO DOMPLETION OF CAUS F DEATH?  YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	b. DUE TO  c. DUE TO  d	(OR AS A CONSI  (OR AS A CONSI  (DR AS A CONSI	EDUENCE OF EDUENCE OF resulting i	OTHER	26. PL R: sing Hom 28c. INJ WO 1 1 1	G cause g  _ACE OF DI  ie 5 ☐ Re  URY AT  PK?  YES 2 ☐	EATH (Che	Part I. 24 1 1 book only one) 6 Other (S 28d. DESCR	Ia. WAS AN . PERIFORI  YES 2  Specify)  HBE HOW IN	AUTOPSY MED? NO	24b. V	Interval Betw Onset and D  VERE AUTOPSY FIND MAILABLE PRIOR TO DOMPLETION OF CAUS F DEATH?  YES 2 NO
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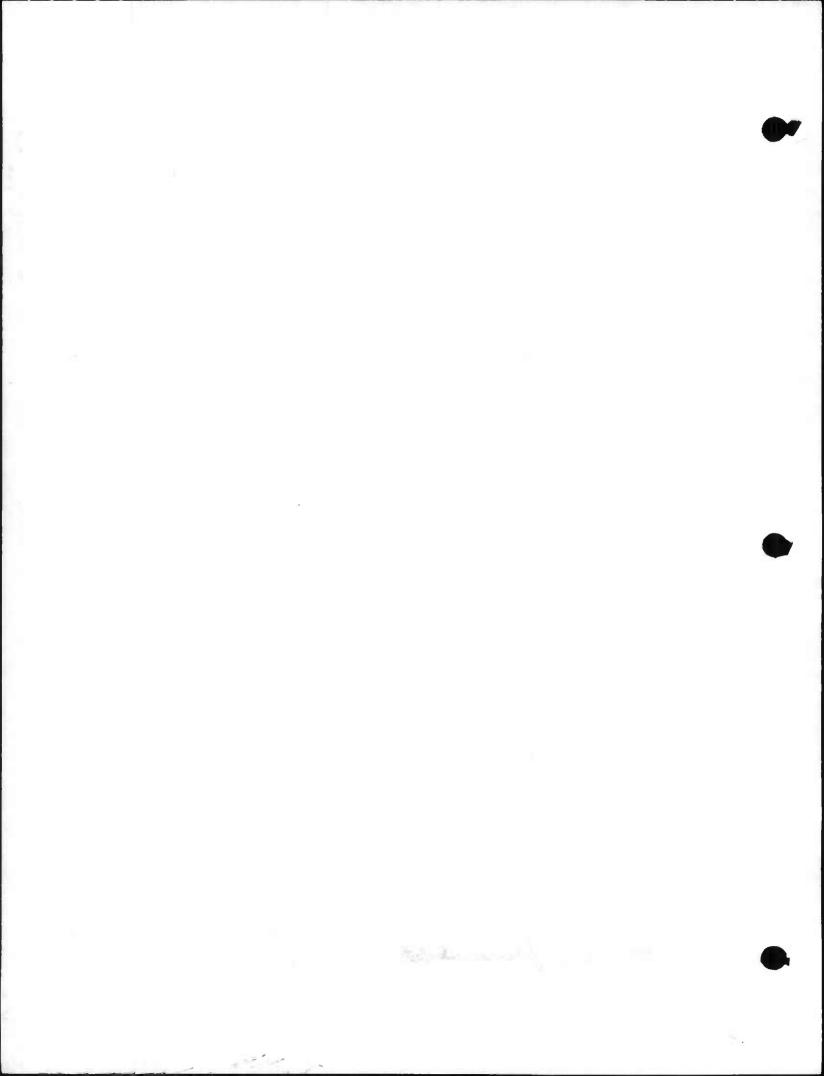
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Gitte NEI US. () 2 3 01:40A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, You 26-355 214-1 M 2 F 86 906 Maryland 26 the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Center 3001 S. Hanover ST. DIRECTOR Harbor Baltimore RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Idlewood Street 21061 U.S.A. within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO 1 Never Married 2 Married ВУ 1 YES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 yrs. Accounts Payable Clerk Stewarts Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at George Delker BE Carrie Maier 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 James Phelps Idlewood Street Glen Burnie, Maryland 21061 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Glen Haven Memorial Park 2/13 Glen Burnie, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 Kirkley-Ruddick Funeral Home Crain Hwy. S.E. Glen Burnie removal medical 23. PART I. Enter the diseases, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by Approximate interval Between 6 IMMEDIATE CAUSE (Finel Onset and Death this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, event, the disease or condition\_ neumonia dilatera resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed SEpsis. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 NO shows a 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: e 5 🗆 Residence 8 🗆 Other (Specify) 5 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 🔀 Natural 5 Pending 1 YES 2 NO After th BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: 28 4 Homicide If Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. THE HOSPITAL THE FUNERALD filed within 72 ho TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. HATURE AND TITLE OF CENTIFIER 29d, DATE SIGNED (Month, Day, Year) BE Harber Hosp Med. Stat 02 93 11 9 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) - OSORALO 31. DATE FILED (Month, Qar. Year) 22. REGISTRAR'S SIGNATURE 6 1993 OHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



mit. Pages 1, 2, 3 should

ITEM: 23 PART I. PER MEO G-696 2/18/93 reb

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No. December 1 Security   164. December 2 State   164. December 3 December 3	≥	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES				1 TYES	2 ANO		anto mosti, etc.	,		cify:
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The Malkan's Name (Property)   The Malkan's Annex or Part Rose Annex		Joseph L. Podles S	r.									
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  21. Was case refer underlying contributing to death but not resulting in the underlying cause given in Part I.  22. Was Case reference to Medical to the imagination of the second of the cause of Politic Cardia of												
21. Donation 5   Other (Sword)   St., Stanislaus Cemetery   2/17   Baltimore, Md.   21. SIGNATURE OF FUNERAL SERVICE LICIDISES   12. NAME AND ADDRESS OF FACILITY Schimurek Funeral Home   3331 Brehms Lane, Baltimore, Md.   21213   22. NAME AND ADDRESS OF FACILITY Schimurek Funeral Home   3331 Brehms Lane, Baltimore, Md.   21213   23. NAME AND ADDRESS OF FACILITY Schimurek Funeral Home   3331 Brehms Lane, Baltimore, Md.   21213   24. NAME AND ADDRESS OF FACILITY Schimurek Funeral Home   3331 Brehms Lane, Baltimore, Md.   21213   25. NAME CARE REFERENCE OF the Carlin - Vascular Dissertion of respiratory arrest, Intervel Between Onset and Death   15.5 Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control Carlin - Vascular Dissertion of College Control College Control Carlin - Vascular Dissertion of College Control College Control Carlin - Vascular Dissertion of College Control College Contro												
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IMMEDIATE CAUSE (Final disease or condition resulting in death)   Immediate cause. Enter UNDERLYNG CAUSE (Final disease or condition)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury indicate)   Immediate cause. Enter UNDERLYNG CAUSE (Disease or injury injury)   Impediate cause. Enter UNDERLYNG CAUSE (Disease or injury)   Impediate cause. Enter Underlyng Cause (Part (Check only one)   Impediate cause. Enter Underlyng Cause (Part (Check only one)   Impediate cause. Enter Underlyng Cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Check only one)   Impediate cause. Enter Underlyng cause (Part (Impediate)   Impediate cause. Enter Underlyng cau			La	un		3331	Brehn	ns Lar	e, Bal	timore	≥, M	d. 21213
IMMEDIATE CAUSE (Final disease or condition and desth)		ahock, or heart failure. Lis	mplications that st only one cau	caused the det se on each line.	íth. Do r	not enter the mo	de of dyin	g, auch aa	cardiac or re	apiratory ar	rest,	
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4 Homicide determined determined collidary, etc. (specify)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atted.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  0 C M E  29d. DATE SIGNED (Month, Day, Year)  11 Penn Street Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Year)  21. Print Street Baltimore, Maryland 21201	PHYSICIAN: ME	EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	Inpatient 2   26a. OATE OF	INJURY	26b. TIM	OTHER: 4 Nursing Horr E OF 28c, INJ	URY AT	dence 6 🗆	Other (Specify)	W INJURY OC	CUREO	
296. SIGNATURE AND TITLE OF CERTIFIER.  296. LICENSE NUMBER  296. LICENSE NUMBER  0.C.M.E.  296. DATE SIGNED (Month, Day, Year)  0.C.M.E.  111 Penn Street. Baltimore. Maryland 21201	BY PHYSICIAN: ME	EXAMINER?  1 X YES 2 NO  1  Natural 5 Pending  2 Accident Investigation	26a. OATE OF (Month, De	INJURY ny, Year)	26b. TIM INJ	OTHER: 4 Nursing Hom E OF URY WO M 1	Ne 5 X Rask	dence 6 🗆 26d	Other (Specify) DESCRIBE HO			
296. SIGNATURE AND TITLE OF CERTIFIER.  296. LICENSE NUMBER  296. LICENSE NUMBER  0.C.M.E.  296. DATE SIGNED (Month, Day, Year)  0.C.M.E.  111 Penn Street. Baltimore. Maryland 21201	BY PHYSICIAN: ME	EXAMMER?  1 X YES 2 NO  1 Nanner OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be	26a. OATE OF (Month, De 26a. PLACE OF	INJURY ny. Year) FINJURY — At hon	26b. TIM INJ	OTHER: 4 Nursing Hom E OF URY WO M 1	Ne 5 X Rask	dence 6 🗆 26d	Other (Specify) DESCRIBE HO LOCATION (Sim	eet and Numbe		Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER.  296. LICENSE NUMBER  296. LICENSE NUMBER  0.C.M.E.  296. DATE SIGNED (Month, Day, Year)  0.C.M.E.  111 Penn Street. Baltimore. Maryland 21201	BY PHYSICIAN: ME	EXAMMER?  1 X YES 2 NO  1 Nanner of Death  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	26a. OATE OF (Month, De 26a. PLACE Of building,	INJURY ny, Year) F INJURY — At honetc, (Specify)	26b. TIM INJ ne, tarm, s	OTHER: 4 Nursing Hom E OF URY M 1 1	IURY AT DRK? YES 2	dence 6	Other (Specify) DESCRIBE HO LOCATION (Sim City or Town, St	eet and Number ata)	r or Aural	Routa Number,
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  11 Penn Street, Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Yogg) 4200   32. By Gugtrapper Signature 10.	BY PHYSICIAN: ME	EXAMMER?  1 X YES 2 NO  1 Nanner OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIA	26a. PLACE Of building,	INJURY y, Year)  FINJURY — At honetc, (Specify)  my knowledge, dea	26b. TIM INJ	OTHER: 4   Nursing Hom E OF 28c. INJ URY M 1   intreet, factory, officed at lihe time, data	URY AT PES 2	NO 28f.	Other (Specify) DESCRIBE HO LOCATION (Sin City or Town, St	set and Number ata)	r or Rural	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

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	1. DECEOENT'S NAME (First, Middle, Last)	QUINN					2.	MONTH	EATH DAY	7 9	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS. 7.	DATE OF B	IRTN	8.	BIRTNPLA	CE (State or Foreign
	028-12-8761	1 M 2 X F 73	YRS.	MONTHS	DAYS	HOURS	MIN. A	ug. 1	1.1	919	Country)	achusett
	90. FACILITY NAME (If not institution, give	street and number)		9b. CITY, T	OWN OF	LOCATIO	N OF DEATH			9c. COUNTY		
O.	Francis Scot	t Key		Bal	tir	nore	2					
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	7	40. 000									
DIRECTOR	A11 (1,000 E)			Y, TOWN OR		ON						1. INSIDE CITY LIMITS?
	Md . Ba.	Ltimare	וע	undal	-	ZIP CODE						YES 2 NO
RAL	8225 Dundalk				101.	212						COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	LS. ARMED	13 W	S DECE		F NISPANIC	OBIGIN'S (S.	acity Vac	-	5 · A ·	American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	tt y	es, spec	city Cuber	n, Mexican, P			OF NO	Black, W	hita, etc.
ВУ	3 Widowed 4 Divorced	IF 1ES, GIVE WAY ON DATE		_   ''	J 7E5 2	W WO	Specify:				Specify:	White
ETED	15. DECEDENT'S ED (Specify only highest grad		6a. DECEDENT'S	USUAL OCC	UPATION	d umetic		16b. KJN	OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IME. DO NOT U	se retired.)		OF WORKIN						
COMPL	12th		Home	emake	r							
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle	, Maiden S	Surname)		
BE	James Powers	3					larga	_				
2	19a. INFORMANT'S NAME (Type/Print)									, State, Zip Co		
- 1	Cheryl Metzge						Balt	imor		Md . 2		
	20a. METHOD OF DISPOSITION  1 N Burlat 2 Cremation 3 Rer		CACE AND DATE		ON (Nam	ne of		OATE		ATION — CIT		State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		Uak La					2/14	В	altin	ore	
	. (1) 1 4	11		22. N	onr	ell	y Fu	nera	l He	ome o	f D	und <mark>al</mark> k lk 21222
- 2	· Cat (	on nelly										Lk 21222
	23. PART I. Enter the disesses, or shock, or heart fallure	compilcations that caused	he death. Do i	not enter th	e mod	e of dyle	ng, such s	s cardiac	or respir	ratory arrea	t,	Approximate
	IMMEDIATE CAUSE (Finei											Onset and Death
	disease or condition resulting in death)	. KESPIRAT	DRY 7	PAIL	NR	E						
		DUE TO (OR AS A C	ONSEQUENCE O	PF):								
NO I	Sequentially list conditions,	OUE TO (OR AS A C	H57 A	nc	CA	NCE	215					
ATI	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS A C	UNSEQUENCE O	r):								
윤												
	CAUSE (Disease or Injury	DUE TO (OR AS A C	ONSEQUENCE O	F):								
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CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d,										
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.			erlying	cause g	iven in Par	rt i. 24e	WAS AN A		AM	RE AUTOPSY FINDINGS
CAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  SEVENCE	ns contributing to deeth but	not reaulting	in the unde	erlying	cause g	iven in Par			MED?	CO	
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: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the co	a.  STROKE  BOBUBOLIC  HOSPITAL:	not resulting	in the undo			iven in Par	_ 10	PERFOR	MED?	AM CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
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PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the co	a.  STROKE  BOBUBOLIC  HOSPITAL:	not resulting	OTHER:	26. PLA g Home Bc. INJU WOR	CE OF OE  5 □ Re:  RY AT  K?	EATH (Check of the characters) addence 8 (28)	only one)	PERFORI	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the significant conditions are significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WEST CONTROLL OF Pending Investigation and the significant conditions.	d	not resulting  DISEM  ent 3 DOA  286. TW	OTHER: 4 DATE	26. PLA g Home Bc. INJU WOR 1 YE	CE OF OE	EATH (Check is addence 6 28 NO	only one) Other (Spa	PERFORI YES 2 ICIIY)	MED?	CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition SEVERE  THROW (  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YES  27. MANNER OF DEATN  1 Natural 5 Pending	d	not resulting  DISCO	OTHER: 4 DATE	26. PLA g Home Bc. INJU WOR 1 YE	CE OF OE  5 □ Re:  RY AT  K?	EATH (Check is addence 6 28 NO	only one) Other (Spa	PERFORI	MED?	CO OF 1	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the second of	d.  ns contributing to deeth but  STROKE  30 BMBCLIC  HOSPITAL: 1   the the transfer of the tr	not resulting  DISCO	OTHER: 4 Marsin BE OF JURY M	26. PLA g Home Bc. thJU WOR 1 YE	5 Rei	EATH (Check of Eathern	only one) Other (Spid. DESCRIE	PERFORI  YES 2  DOCITY)  E NOW IN  N (Street airvin, State)	NURY OCCUR	CO OF 1	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
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D BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition SEVERE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	d.  ns contributing to deeth but  STROKE  BOBYUBCLIC  HOSPITAL: 1   the petient 2   ER/Outpeti  28s. DATE OF INJURY	not resulting  DISCO	OTHER: 4 MARSIN BE OF JURY M street, factor	26. PLA g Home g. BJU WOR 1 YE r, office	SCE OF OR	NO 28 and due to t	only one) Other (Spild, DESCRIE III. LOCATION City or Ton the cause(s)	PERFORI  YES 2  Inclify)  E NOW IN  N (Street as yrn, State)  and manifestation	MED?	AM CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO NO NUMBER NUMBER NUMBER
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COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the co	d	not resulting  DISEM  ent 3 DOA  28b. TMM  At home, farm,  lige, death occurr  ind/or investigation	OTHER: 4 (I) Marsin EE OF 2: JURY M street, factory	26. PLA g Home Bc. tNJU WOR 1  YE r, office s, date a	5 Reind place, ath occurs	NO 28 and due to 1 and due to 1 and due to 1 and 3 8 6 2	only one) Other (Spid. DESCRIE  II. LOCATION City or You the cause(s) e, data and R 2.5	PERFORI YES 2  VES 2  Notify)  E NOW IN (Street air, State)  and maniplace, and	AURY OCCUR  AND AND AND AND AND AND AND AND AND AND	AMO COO OF 1 [ I ]	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,  Number,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the source after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Dest, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	MP :	Dept.	33
	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after death with the State Dect, of Health and Mental Hygiene prior to burial, cremation, or removal.	item
•	ICIAN	the S	6
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	HOS	FUNE	TAN
	光	HE	OF
	2	2	E

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lac	**/ CHRISTINE			OF DEATH INN	REG. NO	2-3-9 <u>3</u>	3. TIME OF DEATH
Christine	(Vunn				MONTH	3 9	3 919 1
4. SOCIAL SECURITY NUMBER  216 - ()   - 59	5. SEX 8. AGE	(In yrs. last birthday)  7 7 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, gly	e street and number)		9ь. СІТУ, ТО	WN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
Mendian-Cromwel	, Eme Rd		Tow	30m, Md	21204		Dalto
10a. STATE 10b. COU		ry, town or L	OCATION			10d. INSIDE CITY LIMITS?	
MC Ba	n			1 YES 2 NO			
10e. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?	
<u> </u>	omwell Nursin			21204			SA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES				ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) city:	ea or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S		PATION og most of working	16b. KIND OF BU	JSINESS/INDUST	TRY
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	Ille. Do NOT u	use retired.)		P*****	- Corn	aration
12		Supe	erviso				oration
17. FATHER'S NAME (First, Middle, Last)  John Walter	c Clay			18. MOTHER'S	NAME (First, Middle, Melde T.illia		y Clay Schof
JOHN WAITE:  19a. INFORMANT'S NAME (Type/Print)	Стау	105 MAH 111	G ADDRESS (C.	met and Mumber or Du-	al Route Number, City or To		
Gary Hardin	a	109	Kenna:		ue, Edgewoo		
20a. METHOD OF DISPOSITION	<u> </u>	Db. PLACE OF DISPO		of cemetery, crematory of		OCATION — City	
1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval Irom Stata	other place)					100000000000000000000000000000000000000
21. SIGNATURE OF FLINERAL SERVICE	UCENSEE Ronald W	ade, Dir		W. Balti	FACILITY State moreStreet		my Board MD 21201
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	- MYPERT	A CONSEQUENCE	= CEI	REBROVA	Iscul4R	DISEA	Onset and De
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	NIDDA	A CONSEQUENCE					
PART II. Other significent condi	lone contributing to death	but not resulting	in the unde	riying cause given		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF OEATH	Check only one)		
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Ou	utpetlent 3 🗆 DOA	OTHER:	Homa 8 🗆 Realdens	en 8 Other (Specify)		
27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year,	Y 28b. TI		c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural 5 Pending 2 Accident investigati	and the second second			YES 2 NO			
3 Suicide 8 Could not 4 Homicide determine		RY — At home, farm pecify)	, street, factory	, office	28I. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of my kno						
(Crisca only				29c. LICENSE I	IIIMAFO	204 DATE S	A
(Critical orany	January	, M.7.	) .	D/3	3649	<b>▶</b> 2	IGNED (Month), Day, Year)
29b. SIGNATURE AND TITLE OF CERT	WHO COMPLETED CAUSE OF	M. Z	De, Print)	D13	3649	<b>&gt;</b> 2	/ /
29b. SIGNATURE AND TITLE OF CERT	barnon	ord Road.		D13	3649	▶ 2	/ /

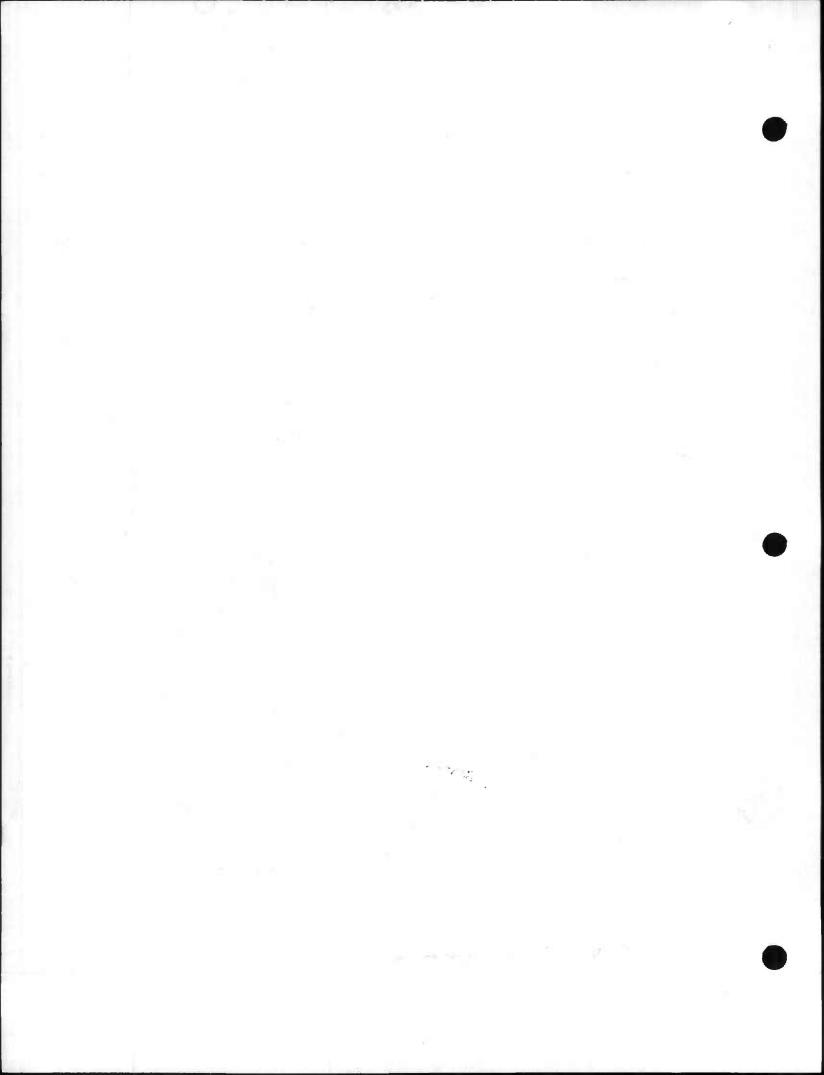
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DIVID	THE HOSPITAL OR
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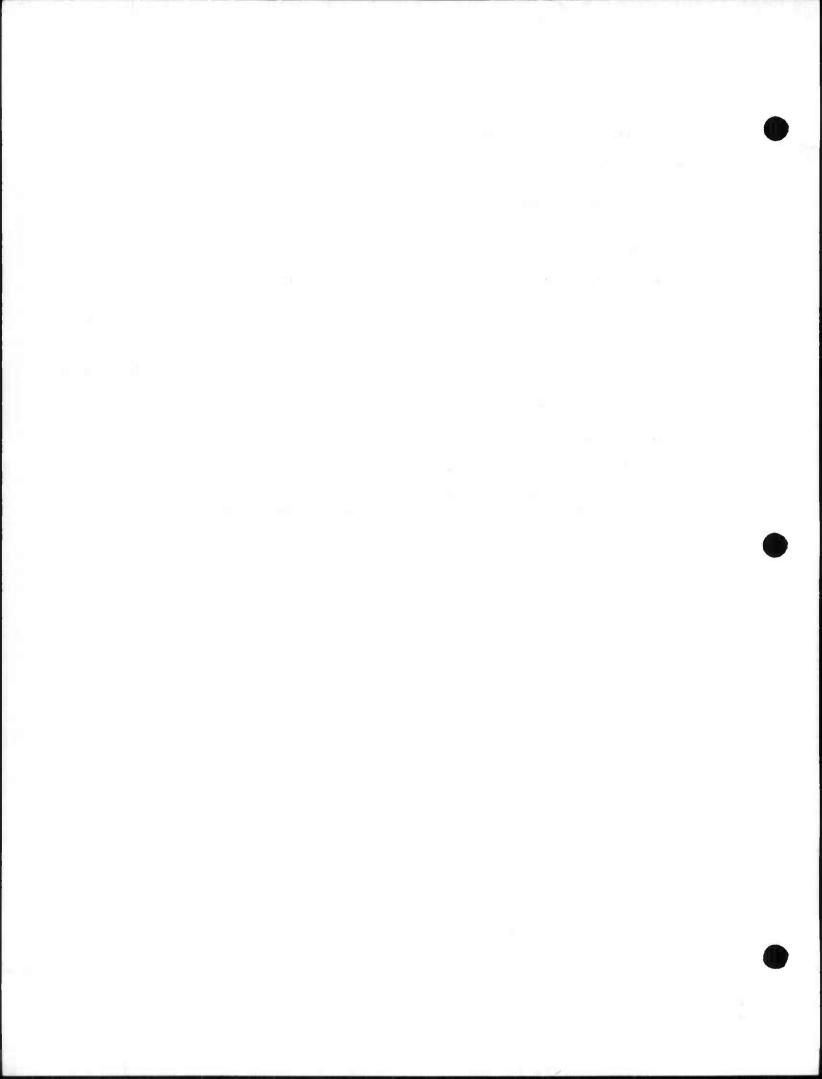
٧.	8	
Θ,	death	
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S	that	
RECO	SICIAN: The law requires that the death ce	A
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Z	The	
F	ICIAN:	
DIVISION OF VITAL RECORDS, P.		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATH

		I - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF HEALI	TH AND MEN	HTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	OFICE	2			DATE OF DEATH	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	REISE & AGE (III		F UNDER I YEAR IF UN		2 10	1993 10:44 P	М		
Pi		212-36-7435	1 □ M 2 💢 F		ONTHE DAYS HOUR		DATE OF BIFITH Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) MARYLAND	)		
2, 3 should	СТОВ	ST-JOSEPH H	asATTAL	· ·	b. CITY, TOWN OR LOC			COUNTY OF DEATH			
	딦	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION			10d, INSIDE CITY	_		
burlal-transit permit. Pages	DIRE	MD BALT	imore	BA	ILTI MOK	RE-PA	RKVILLE	1 TES 25 NO			
E	RAL	10e, STREET AND NUMBER		0	10f. ZIP C			CITIZEN OF WHAT COUNTRY?			
transl	III I	1732 WYC	LIFFE 1  12. WAS DECEDENT EVER IN	COAD		21239	4	U.S.A.			
burlai	FUN	1 Never Married 2 Married	FORCES? 1 YES	2X NO	If yes, specify C	uban, Mexican, Pu	RIGIN? (Specify Yes or No- erto Rican, etc.)	14. RACE — American Indian, Black, White, etc.  Specify:			
as the	D BY	3 X Widowed 4 Divorced			10.13.78		Titu				
99	ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of wor life. Do NOT use	k done during most of we	orking	166. KIND OF BUSINESS	INDUSTRY			
hed for	립	Elementary/Secondary (0-12)	College (1-4 or 5+)	AT )	Home						
detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	^			OTHER'S NAME (F	First, Middle, Meiden Surnam	10)	_		
P P	BE	CHARLES A.	DICALLIFOR			51:200		CALLE			
5 should notified	ဝ	19a. INFORMANT'S NAME (Type/Print)	0.05	19b. MAILING A			Number, City or Town, State,	, Zip Code)			
page Pe		20a, METHOD OF DISPOSITION	OROS 206.1	PLACE AND DATE OF	DISPOSITION (Name of	ABOYS	DATE 20c. LOCATION	V — City or Town, State	-		
director, p		Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State came	tery, cremetory or other	r plage)		93 PARK	Wills Open and			
tuneral di J. examiner	- 1	21. SIGNATURE OF FUNERAL SERVICE LIN			22 NAME AND ADD	PRESS OF FACILITY	v	Cisis			
the funeral oval.		Vola & Zram A 8800 HARFORD PORO - PARKVILLE									
die by		23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on ea	the death. Do not	enter the mode of	dying, such as	cardiac or respiratory	Approximate Interval Between			
tion, or the m		IMMEDIATE CAUSE /Final	- Carlo Sales Inch	and the	IAMT -	A 11 A	2	Onset and Deat			
completely filled lal, cremation, or event, the m		resulting in death)	CONGEST	CONSEQUENCE OF	AKI P	HILURE	£	YUARS			
nd completely fille burial, cremation, atic event, the	_		DUE TO (OR AS A	YO CARD	IRI INI	PARCTIT	N	NAX			
" O F	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				Dirio.			
2 4	<u>১</u>	CAUSE (Disease or Injury	W	CONSEQUENCE OF:	HEART	DISER	358	4 FARS	_		
Hygiene p Or other	CERTIFI	that initiated events resulting in death) LAST	JOE TO (ON AS A	CONSEQUENCE OF):				j			
41 D FE		PART II Other significant condition	o.		w						
	Se l	PART II. Other algorificant condition	ARILITIS I	REAL SAL	1501/17 04	ie given in Part	PERFORMED?	AVAILABLE PRIOR TO	š		
signed b Health ar	MEDIC	-11130100	1000/100	1-010110	THUVE		1 TES 2 NO	OF DEATH?			
been sign of. of Heal							100	1 WES 2 NO			
sertificate has been signed by the State Dept. of Health and , or Item 23 shows any It	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			F DEATH (Check of	nly one)				
or IN	1 XS	1 TES 2 AO	1 Impatient 2 - ER/Outpa	tient 3 DOA 4	THER:  Nursing Home 5		Other (Specify)				
1 1 2	PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY AT WORK?  M 1 YES		. DEŞCRIBE HOW INJURY	OCCURED			
	BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, farm, stre				mber or Rural Route Number,	$\exists$		
28	E	4 Homicide determined	building, etc. (Specif	y)			City or Town, State)				
AL DIRE 72 hours If Item	COMPLET		CIAN: To the best of my knowle								
Ithin 7	ဂ္ဂ် ဂြ	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	in my opinion, death oc	ccured at the time,	date and place, end due t	to the cause(s) end menner as stated.			
	BE	296. SIGNATURE AND TITLE OF CERTIFIE	a De Jou	is 111	29c. l	LICENSE NUMBER	29d. (	DATE SIGNED (Month, Day, Year)			
2 8 W	ဝူ	30. NAME AND NOTHERS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITÉM 27) (NOC. D	rint)			11045	,		
		7505 OSUM	DR, 5,30		WSON, M	11 21	204				
		31. DATE FIRED MARCH, Day, Year) 1993	32 REGISTRAR'S SIGNA	Time	-50.0, .		7				
L		· co T o 1883	Julia Varidon	- Ander							



		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	L HYGIENE REG. NO.			
	3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	/ YF	3. T	TIME OF DEATH
		Terence G.					2	14	93		10:32 P.
p <sub>i</sub>		4. SOCIAL SECURITY NUMBER 204 01 9202	1X M 2   F   7	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year)		BIRTHPLA Country) Cana(	CE (State or Foreign
3 should	1	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	н
evi .	5	Greater Balto. Me	dical Center		To	owson			I	Balto	٥.
physician. burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	arks Balto.	10c. CIT	Y, TOWN OR LOCAT	TION		*			d. INSIDE CITY LIMITS? YES 247 NO
permit		100. STREET AND NUMBER	arks barro.		Sparks 101	. ZIP CODE			10g. CITIZEN		
n. ansit	FUNERAL	15328 Wheeler La	ne			21152			Cana	ada	
physician. burial-trar	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPA ecify Cuban, Maxic	NIC ORIGI				American Indian,
the bu	BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2X NO Specif		rirodit, etc.)		Specify:	
S S S	ED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	160	. KIND OF BUSI	MESS/IMPLIST		ite
. 6 .	LETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done during mo se retired.)	ast of working	1.00	X 14110 01 0001	1112371112031		
hospital ached to	Æ	12		Professi	onal Pla	aver	Me	ontreal	Canad	dien	s Hockey
8 8 E		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
8 6 A	BE (	John Reardo	n			Kath			Unkno		
s retained 1 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Num	ber, City or Town.	, State, Zip Coo	fe)	
. 4 8 6		Lance T Reardon			ne as 10		1				
ector, pa		1 Buriel 2 Commetton 3 Remo	val from State cem	PLACE AND DATE O	ther place)		OAT		ATION — City		
		21. SIGNATURE OF FUNERAL SERVICE DCI	nest///	11 top Se		Orp. 2/1		1.0	owson	, Md	•
death. Page 6 m death. Page 6 m funeral director, i.		> /Xweld 6"	16.14	4				1050 Yo	ork Rd	. 21	204
after y th nova		23. PART I. Enter the diseeses, or co	omplications that causes	the deeth Do n	Ruck	Towson	Fune	ral Hor	ae. Ir.	c.	
		shock, or heart fellure. L	let pmy one cause on er	sch line.	iot enter the mo	de Di dying, auc	m aa can	disc or respir	atory arrest	t	Approximate Interval Between
24 fille tion,		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Acute My	cardial	Frifan	ction					Onset and Death
ted within completely ial, cremati event, t			DUE TO (OR AS A	CONSEQUENCE OF	F):						
executed within and completely o burial, crema matic event,	- Wrong ry Actery Niverce										
	CATIOI	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	7:					ľ	
Phy Deby	[윤]	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	¬;						
- PE	RTIFI	resulting in death) LAST									
0 0 =	S	PART II. Other eignificent conditions	contributing to death b	ut not regulting i	n the underbile		Dord I				
- 5g -		Circhasis	of the	1		g ceuse given in	Part I.	24a. WAS AN A PERFORM		AMA	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE
requires that een signed b of Health ar shows any	MEDIC	<u> </u>	01 146	41001				1   YES 2	□ NO	OF	DEATH?
~ 0 ~										1 [	YES 2 NO
10 8 0 N	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (C)	heck only o	ne)			
SICIAN: The certificate he the State le to the State le to the state le to the	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	atient: 3 DOA	OTHER:	e 5 🗆 Rasidenca					
ATTENDING PHYSICIAN: The ECTOR: After this certificate his after death with the State D 28 is marked, or item	РНҮ	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		_	SCRIBE HOW IN	JURY OCCUR	ED	
DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation	(			YES 2 NO					
R. Aff	ED E	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec	- At home, larm, s	street, lactory, offic			ATION (Street ar	nd Number or F	tural Route	Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma											
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TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	ု ဂ်	2 MEOICAL EXAMINER	: On the basis of examination	and/or investigatio	n, in my opinion, d	leath occured at the	time, deta	and place, and	due to the ca	use(s) and	d menner as stated.
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		30. NAME AND ADDRESS OF PERSON WHO				004					
		JOHN D. Milto	M.D. 76	ATIME - Ser	r Dr. 21	204					
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	ERAL DIRECTOR. After this ceptificate has been signed by the attending physician and completely filled in by the h
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93 03601 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 93 1105 AM 02 Joseph 10 Reich A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIFTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 17:128-6036 55 1 M M 2 - F 5/14/37 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore, 10b. COUNTY 18c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Lafayette Street 306 West 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ★ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married B 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor S.S. Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) director, page 5 should be notified at BE Joseph Reich Catherine Mahovolic 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fred Botti Warren Lodge Ct. 21093 Cockeysville, Md. 9 20e. METHOD OF DISPOSITION
1 ☑ Burlat 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 Burlat 2 → Cremation 3 ⊔ 4 □ Donation 5 → Other (Specify) Cemetery 2/20
22. NAME AND ADDRESS OF FACILITY Harrisburg . Pa examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 1050 York Rd. 21204 Malls Ruck Towson Funeral Home, Inc medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one ceuse on each line. Approximata Interval Betwe IMMEDIATE CAUSE (Final Onset and Daath the disease or condition Hepatorenal Syndrome resulting in death) marked, or Item 23 shows any Injury, or other traumatic event, End Stage Liver Failure
Due to (or as a rodinseouence of): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUTE UPPLY
DUE TO (OR AS A CONSEQUENCE OF): Ac that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Alcoho 1 - YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) with the State HOSPITAL:
11 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: e 5 Residence 6 Other (Specify) 4 I Num 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Sulcide 8 Could not be 4 Homicide IMPORTANT: If Item 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner es stated. HOSPI FUNEF Within 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 王포 GOLDBEG 02/10/93 2 2 3 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

301 St PAUL Mace

Goldbun

MD

32. REGISTRAR'S SIGNATURE

Howard

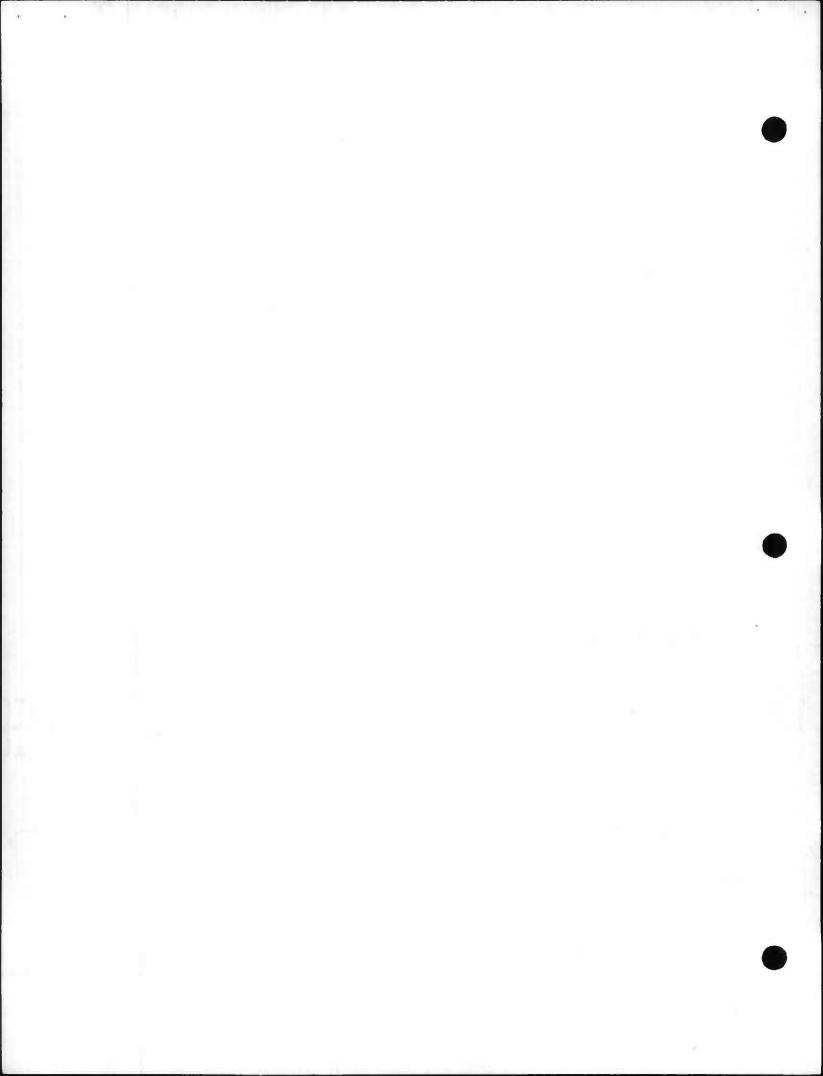
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	IN OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within 23
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EACEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
e, Lest)		2. DATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				DEMIT	2. DATE OF DEATH		3. TIME OF DEATN
	Jacqueline	Armstrong	Rexroth			Feb. 13,199	3 YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (		UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
	231-09-4121		75 YRS.	NTHS DAYS	HOURS MIN.	July 8,1917	Nor	thCarolina
السا	9a. FACILITY NAME (If not institution, give	•	96		R LOCATION OF DE	ATH 9c.	COUNTY OF	DEATH
6	2222 N. Charles	Street		Bal	timore			
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Υ	10c, CITY, TO	OWN OR LOCAT	iON			10d. INSIDE CITY
DIRECTOR	Md.			Balti				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	10g.	CITIZEN OF	WHAT COUNTRY?
EB.	2222 N. Char	les Street			212	18	US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes or No	— 14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexice 2 № NO Specify	n, Puerto Ricen, etc.)	Spec	ck, White, atc.
		1		1				White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of work life. Do NOT use re	JAL OCCUPATIO done during mo: time( )	N st of working	16b. KIND OF BUSINESS	NDUSTRY	
PE	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)		ich Ope				
OM	17. FATHER'S NAME (First, Middle, Last)		Reypun	ed ope		ME (First, Middle, Maiden Surnar	nal	
	Augustus Ar	mstrong				ssie Hardis		
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Poute Number, City or Town, State		
유	Patrick Pome	roy	7164 0	unning	Circle	Baltimore 1	MArvla	nd 21220
	20a. METHOD OF DISPOSITION    Burlal 2   Cremation 3   Rem	20b	PLACE AND DATE OF D	ISPOSITION (No.	me of	DATE 20c. LOCATION		
	4 Donation 5 Other (Specify)		netery, crematory or other Oak Lawn C	emeter	y 2/1	5/93 Balt	timore	Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11 /	22. NAME AN	D ADDRESS OF FAI	CILITY		
	Connelle to	andol F	land)	Conne	llyFuner	alHome 300Mag	ceAve.	21221
	23. PART I. Enter the diseases, or	complications that caused	the death. Do not	erster the mo	de of dying, such	n as cardiac or respiratory	arrest,	Approximata
	IMMEDIATE CAUSE (Final	List only one cause on e	ach line.	1/	/	), ()		Interval Between Onset and Death
	disease or condition	. Nasoph	sugges	X Ca	non R.	read		13 mouth
		DUE TO (OH AS A	CONSEQUENCE OF:					
NO	Sequentially list conditions,	b	CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):					i I
잂	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST	d.						
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SAL	PART II. Other significant condition	is contributing to death b	ut not resulting in ti	he underlying	cause given in	Part 1. 24a. WAS AN AUTOI PERFORMED?	PSY 24	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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Ŧ	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	8 Other (Specify)  28d. DESCRIBE NOW INJURY	OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO			
	3 Suicide 8 Could not be	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, office		281, LOCATION (Street and Nu	mber or Rural	Route Number,
	4 Nomicide determined					City or Town, State)		
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3   Suicide 8   Could plot be determined   Suicide   Suicide   Could plot be determined   Suicide   Suicid								
ш	296. SIGNATURE AND TITLE OF CERTIFIE	501	74		29c. LICENSE NUN	IBER 29d.	DATE SIGNED	(Month, Day, Year)
TO B	me	· dulle	1/0	E	12	1888	Fel	15 1993
F	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	405	treet.	surte VI	0	Battozer
	31. DATE BILED (Month, Day, Year)	32. RECUSTRAR'S SIGN	Auria E			, , , ,	<u> </u>	

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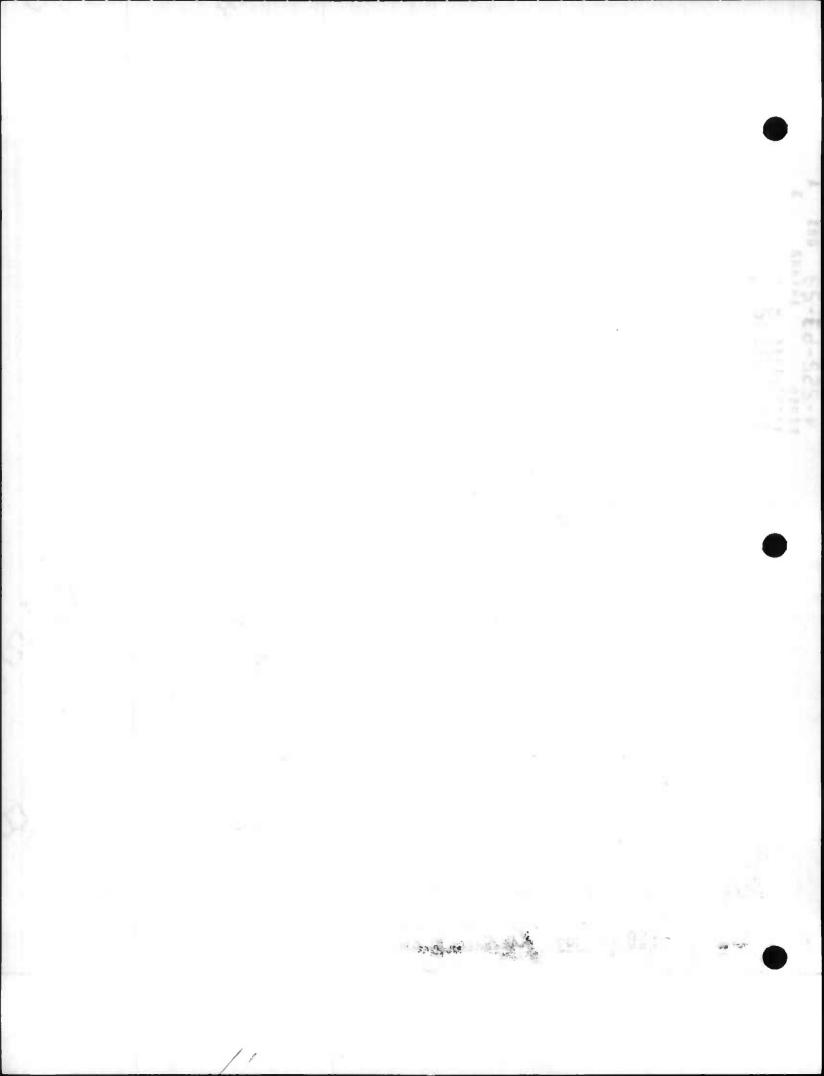
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attending physici	ise as the burial-		
by the hospital oc	be defacted for u		at once.
may be retained t	r. page 5 shodid		d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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thin 24 hours after	etely filled in by t	emation, or remov	nt, the medica
te be executed wi	sician and compl	prior to burial, cri	traumatic eve
he death certifica	the attending phy	Mental Hygiene	njury, or other
aw requires that t	s been signed by	pt. of Health and	3 shows any I
HYSICIAN: The I	his certificate has	with the State De	ked, or Item 2
A DIVIDING P	DIRECTOR After 1	nours after death	tem 28 is mar
TO THE HOSPITA	TO THE FINERAL	be filed within 72 h	IMPORTANT: If I
	TO THE HOSPITA CONTROL TO Flow requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendible, physician.	TO THE HOSPITATION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE PAMERA CHACKED After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE HOSPITATION TO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attentificate has been signed by the attention physician and completely filled in by the funeral director, page 5 shodid be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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4. SOCIAL SECU		5. SEX	6. AGE (In yrs.	**	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Morith, Day, Year)		6. BIRTH	PLACE (State or	Foreign
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10e. STREET AN 818	N. COLLI	7			1			212			USA		
≥ 3 □ Widowed	fed 2 Married		IT EVER IN U.S. YES 2 [ MAR OR DATES		1		city Cuba	m, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No—		- American le k, White, etc.	
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Elementary/S	econdary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done	auring mo	st of worki	ng					
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17. FATHER'S NA	ME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)			
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	'S NAME (Type/Print)	·		19b. MAILING	ADDRES	S (Street e	nd Number		Route Number, City or Tow				
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20a. METHOD O				CEANDDATE	OF DISPOS	SITION /Na					City or To		2120
4 Donation	Cremation 3 ☐ Rem 6 ☐ Other (Specify)	ioval from State		Crematory or o			, TE	CIIC	2/15 BA	T TI T M	ODE	MD	
21. SIGNATURE	FUNERAL SERVICE LA	CENTRE			22.	NAME AN	D ADDRE	SS OF FA	CILITY		URF.	MID	
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25. FART I, Et	nter the diseases or lock, or heart Millure.	List only one car	use on each i	lne.	not enter	the mo	de of dy	ing, suc	h aa cardlac or resp	iratory ar	rest,	Approx	mata Between
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resulting in d	eath)	a. Gids for	ountest	mal	home	who	>-					24	ke
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DAME II OAL	r algnificant condition	a contributing to	death but no	t resulting	in the ur	nderlying	cause	given in			24b.	WERE AUTOPSY	FINDINGS
WEDICAL III. OTHER									PERFO			COMPLETION O	
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27. MANNER OF	,-	1) Inpatient 2		1				rsidence	6 Other (Specify)				
	5 Pending	(Month, E		28b. TIN	JURY		RK?	- 10	28d. DEŞCRIBE HOW	INJURY OC	CURED		
	2 Accident Investigation						ES 2 [	NO					
3 Suicide 4 Homicid	6 Could not be determined	building,	etc. (Specify)	nome, farm,	street, faci	tory, office			261. LOCATION (Street City or Town, State)	and Numbe	r or Flural F	loute Number,	
29a. CERTIFIER													
29a. CERTIFIER (Check only one)									to the cause(e) and me				
8			Authorition end/	or investigation	ori, in my c	opinion, de	enth occur	red at the	time, date and place, er	nd due to t	ne cause(e	) and menner a	s stated.
296, SIGNATURE	ANO TITLE OF CERTIFIE						29c. LICI	ENSE NUA	ABER			(Month, Day, Ye	ar)
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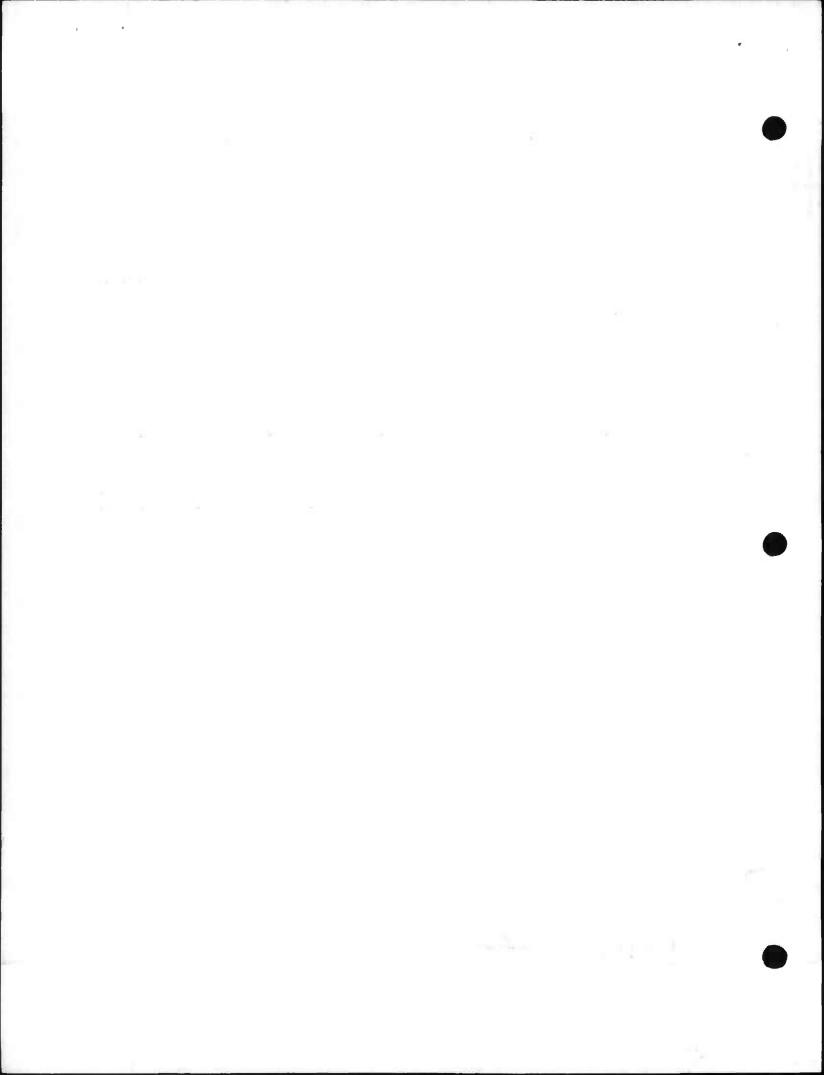
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1. DECEDENT'S NAME (First, Michin, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR 10:30 AM LORENA ROWLAND L. Feb. 12 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 70 217-14-0575 Virginia 10-15-1922 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH FUNERAL DIRECTOR page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 Mercy Medical Center Baltimore City RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1-TES 2 NO Baltimore 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1504 East Baltimore Street 21231 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White ВҰ 1 YES 25 -NO Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEOENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Grill Work Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Egar Harper 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Patrich A. 1504 E. Baltimore St., Rowland Baltimore, Md. 9 20a. METHOD OF DISPOSITION

[0] Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must the funeral director, Lawn Cemetery 2-15-1993 Baltimore, Maryland medical examiner 21. SKINATURE OF FUHERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Moran - Ashton Funeral Home, Inc. MOO 550 3000 E. Baltimore St., Balt., Md. elle 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, has been signed by the attending physician and completely filled in by it. Dept. of Health and Mental Hygiene prior to burial, cremation, or remort 23 shows any Injury, or other traumatic event, the medica Approximate shock, or heart fallure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death iver (aranoma (hepatoma) disease or condition Dx 1/93 within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 2 cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Mellitus Mahotes 1 TES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: WB 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item mis certificate h HOSPITAL:
1 Dipatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 4 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO After death BY 2 Accident OR ATTENDING 3 Suicide 28e, PLACE OF (NJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 0 6 Could not be determined DIRECTOR: 4 Homicide 28 COMPLET Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) D425 99 12/12/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Any Compton-Philops, MD 225 Greene St, Dept of Mediane Bact, Mes 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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ND 21215-0020 hospital or attending physician. ached for use as the burial-transit permit. Pages 1, 2, 3 should ce.		1. DECEDENT'S NAME (First, Min " 'est)			DATE OF DEATH	year 3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER / S. SEX 6. AGE (In yrs. A) 577-204910 1 M 2 DF 7/			DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)  WASHINGTON D.C.			
	1 1	9a. FACILITY NAME (if not institution, give street and number)  HOLY CROSS HOSPITH		Spengh	9c. COUNT	ONTGOMERY			
		10a. STATE 10b. COUNTY  MONTGOMERY	10c. CITY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?  1)XX YES 2 NO			
		100. STREET AND NUMBER 12501 ST. JAMES R	101	ZIP CODE 20857		EN OF WHAT COUNTRY?			
		11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1  YES 2 V IF YES, GIVE WAR OR DATES	RMED 13. WAS DEC	cify Cuban, Maxican, Pr		4. RACE — American Indian, Black, White, etc. Specify: WHITE			
		(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	PECEDENT'S USUAL OCCUPATION Give kind of work done during mode.  Do NOT use retired.)	N st of working	16b. KIND OF BUSINESS/INDUS				
the hospit detached		12 17. FATHER'S NAME (First, Middle, Last)	TYPIST	18. MOTHER'S NAME (	U.S. COAST (	GUARD			
5 8 To		LOUIS ROSENFELD			SPECTOR				
retained 5 should notified					Number, City or Town, State, Zip C				
P be		20s. METHOD OF DISPOSITION 20b PLACE	12501 ST. JAM EAND DATE OF DISPOSITION (No.		DATE 200. LOCATION - CH				
D og D	9	W Burlal 2 ☐ Cremation 3 ☐ Ramoval from State   cemetery c	rematory or other place) LEBANON CEMET	3.000		I. MARYLAND			
SAL III r death. P se funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Dornald C. Dtorna	22. NAME AN STEIN	D ADDRESS OF FACILITY HEBREW MEN		HOME, INC.			
four, the medical covers.		23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each in IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSI	oiretion P			Approximate interval Between Onset and Death			
Ox oor of the property of the	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		<u> </u>		2/93			
in certificate anding phy it Hygiene p or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		2/93					
ures that the dea signed by the ant Health and Menta we any injury,	AL	PART II. Other significant conditions contributing to death but not  HH T 6-E Reflux /	resulting in the underlying	ro Segno	24s. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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그 두 관리 등	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   ND   1   1   1   1   1   1   1   1   1	OTHER:	ACE DF DEATH (Check of					
Sicra Sicra Sicra Sicra Sicra	PHY	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. TIME OF 28c. INJURY WO		d. DESCRIBE HOW INJURY OCCU	RED			
S SLEE SAFE	184	Natural 5 Pending (Month, Day Year)  Accident Investigation	M 1 7	ES 2 ND	-				
OR ATTENDO	ETB	4   Homicide detarmined building, etc. (Specify)	ome, farm, street, factory, office		LOCATION (Street and Number of City or Town, State)				
절절었는	COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or							
TO THE HOSPI TO THE FUNEF De filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER  13 SPitruh MM		29c LICENSE NUMBER	29d. DATE :	SIGNED (Montel, Day, Year)			
N	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITT	EM 27) (Type, Print) (0/8) Vi 1/e	Rd S.	5, Ma 209	10			
'/		31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE FEB 16 1993	less						

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BALTIMORE, MARYLAND 21215-0020

executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

r this certificate he with the State C

DIRECTOR: After the hours after death w

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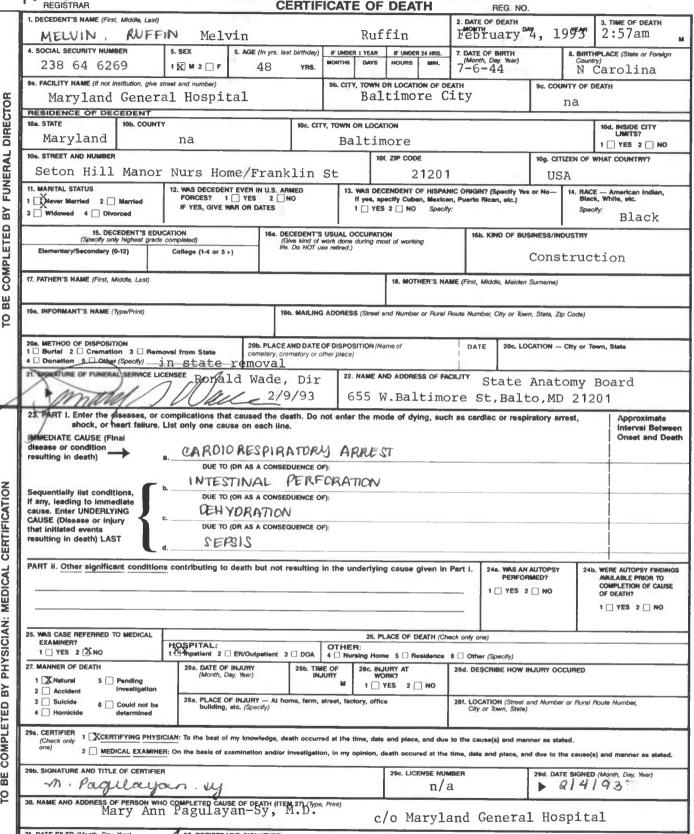
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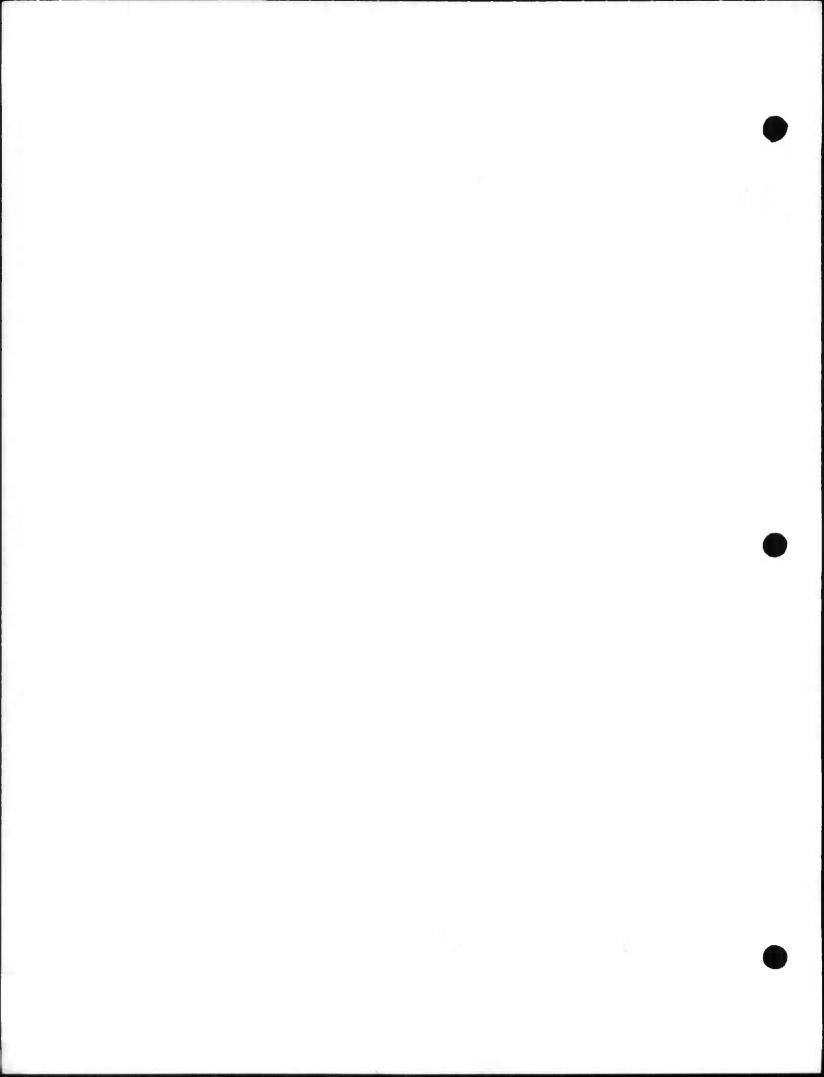
IMPORTANT:

3. TIME OF DEATH February 4, 1993 MELUIN, RUFFIN 2:57am Ruffin Melvin A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 7-6-44 238 64 6269 1 🕅 M 2 🗆 F 48 VRS N Carolina 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH Sc. COUNTY OF DEATH FUNERAL DIRECTOR Maryland General Hospital Baltimore City na RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland na Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Seton Hill Manor Nurs Home/Franklin St 21201 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Marrie 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Burial 2 Cremation 3 Removal from State 4 Donation & Other (Specify) in state removal NATURE OF FUNERAL SERVICE LICENSEE Borald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 2/9/93 655 W.Baltimore St, Balto, MD 21201 23. FART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe MEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CARDIORESPIRATORY ARREST DUE TO (DR AS A CONSEDUENCE OF): INTESTINAL PERFORATION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury **CEHYDRATION** DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST SEPSIS PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Appetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 🗆 No ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER

(Chack not).

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M. Pagulayour 214193 n/a 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Type, Print) Mary Ann Pagulayan-Sy, M.D., Print) c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE





DHMH-18 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT OF	HEALTI	H AND ME	ENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	OSMINION E OF BEATH				2. DATE OF DEATH		3. TIME OF DEATH			
			Josepi	n Henry	Stoc	kman			2 1.0	199		м
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS DAY			Month, Day, Year)	8.	BIRTHPLACE (State or Fore Country)	ign
pinc		21 5-05-8834  9e. FACILITY NAME (# not institution, give si			YRS.	OL OUTY TOU			11-12-190		Maryland	
3 should	E		,	Conto	,			TION OF DEAT		9c. COUNTY	OF DEATH	
N. F	6	Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT										
	DIRECTOR	100. STATE 106. COUNTY 100. CITY, TOWN OR LOCATION Edge						Edgem	ere		10d. INSIDE CITY LIMITS? 1 YES 2 V N	0
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21215-0020 If or attending physician for use as the bullat-tran	B	11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2 X		If yes	specify Cul	OF HISPANIC ben, Mexicen, I O Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	e or No — 14	ted States RACE — American Indian Black, White, atc. Specify: White	,
1215-0 r attending use as the	TED	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S ve kind of w Do NOT us	USUAL OCCUP	ATION most of work	king	16b. KIND OF BU	SINESS/INDUS	TRY	
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AND the hospit detached	l S	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Meiden		or or or or or or or or or or or or or o	
MARYLAND retained by the hospit should be detached notified at once.	l w l	William J. Stoc	kman						ne Hasse			
MAR retained to 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)	^						te Number, City or Tow		717	19
ay be		MAS JOANN HOLSE 20a. METHOD OF DISPOSITION	<u> </u>					Point	Road Edge			
OR e 6 ma ector, p		1/□ Buriel 2 □ Cremation 3 □ Remo	oval from State	cemetery cre	natory or of	her place)		Com 0/			or Town, State	J
Page al dire		21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE //	FUSI	unc	22. NAME	AND ADDR	ESS OF FACIL	ITY		ie, Marylan	<u>a</u>
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		> (h. / W	4 l			Dude	a-Ruci	k Fune	ral Home		idalk, INc.	
B, after s after by the removal dical		23. PART I. Enter the diseases, or o	omplications that	eused the de	eth. Do n	792	mode of d	e Ave.	. Dundal	ek. Mav	yland 212:	
Jo of E	1 1	shock, or heert failure. I	List only one cause	e on each line				,,	- united of feep	matory arrea	Interval Bet	ween
		disease or condition resulting in death)	. (	VA					().		PANATO	)
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and and bur	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	out to g	MAS A CONSEC	WENCE OF	1500	Su		L1	ong	Jenn	/
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O die die	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								i		
S, P, e death he attent Mental H	CEI		J		- 10-							-
		PART II. Other aignificant conditions	contributing to d	eeth but not n	eaulting i	n the underly	Ing ceuse	given in Pa	rt I. 24s. WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO	
REC equires of Hea	MEDICAL	-CVA W	gre	pæ	16	1			_ 1	2 □ NO	COMPLETION OF CAL OF DEATH? 1 YES 2 NO	USE
AL F law 1 has be Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL				26	DI ACE OF	DEATH (Check				
F VITAL SICIAN: The lan certificate has the State Dep		EXAMINER? VES 2 NO	HOSPITAL:	ER/Outpatient 3	100a	OTHER:			Other (Specify)	1011	1100. 113	0
OF V PHYSICIA This certif with the	PHY	27, MANNER OF DEATH	28e. DATE OF III (Month, Day	JURY	286. TIME	OF 28c.	INJURY AT		Bd. DESCRIBE HOW I	INJURY OCCUR	topica	K_
ON O DING PHYS After this death with	ΒY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	, rour/	INJ		WORK? YES 2	□ NO			,	
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is man	ETED I	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At horic. (Specify)	ne, farm, s	treet, factory, o	ffice	26	Bf. LOCATION (Street a City or Town, Stete)	and Number or i	Rural Route Number,	
7 7 7	COMPLE		CIAN: To the best of m								suse(s) and menner es stat	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	E C0	29b. SIGNATURE AND TITLE OF CERTIFIER				, ar my opinion		CENSE NUMBE			GNED (Month, Day, Year)	ed.
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	9 ) D	27) (Time	Print)	1	17	202	<b>)</b> 2	11/93	
		S. S. DANGM	D. 10	21 St	H	elen	as	ve	Balta	Ma	121222	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		şi.					and the second s	
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## BALTIMORE, MARYLAND 21215-0020

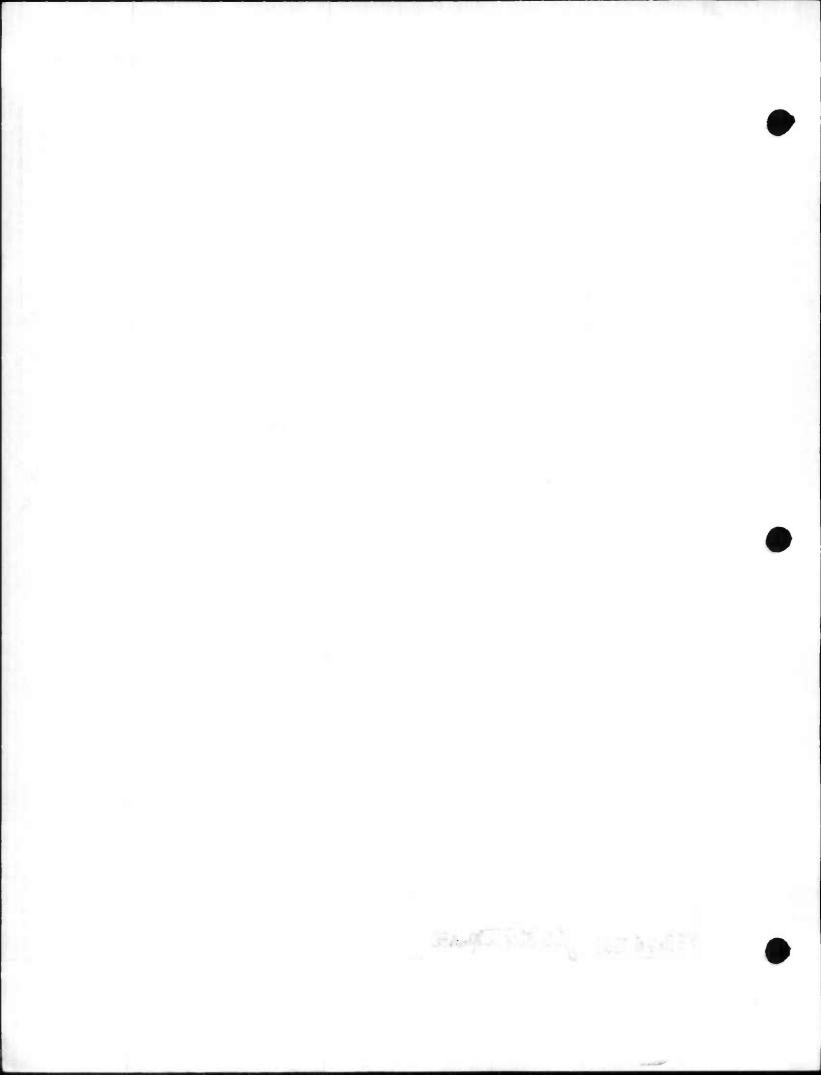
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after-death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lust)	Shau	, u	1.		DATE OF DEATH DAY	year 93 0520	ВМ			
	4. SOCIAL SECURITY NUMBER 2/5-16-3959	5. SEX 6. AGE	-	IF UNDER 1 YEAR IF UND NONTHS DAYS HOURS		DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	n n			
FOR	98. FACILITY NAME (If not institution, give street and number)  DEATON HOSP. 4 MEd. CHR BAID;  ON PREVLAND										
DIRECTOR	10a, STATE 10b, COUNT  MD BA	LTIMORE C		TOWN OR LOCATION  ALTO		10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO					
FUNERAL	10e. STREET AND NUMBER	TIPLIER		10f. ZIP CO	TIZEN OF WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuben, Maxican, Puerto Ricen, etc.)  1  VES 2 NO Specify:							
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	1/		PAPER	SORTE		L	C PAPER O	-0			
BE CO		UNTHER		16. MC	TULI	First, Middle, Meiden Surname)					
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	20e. METHOD OF DISPOSITION  1 Description   Description		. PLACE AND DATE OF netery, cremetory or other	DISPOSITION (Name of proplace) KING	MEM 2		- City or Town, State 4.LLSTOWN. M	ID			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  CALVIN L. WILLIAMS ES. 270 FRED HILTON										
			the death. Do no	(Gary P.M	arch 1	F.H. P.A.)	PASS BALTO,				
	23. PART I. Enter the diseases, or complications that caused the dasth. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Market Death Res A										
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AN:	25. WAS CASE REFERRED TO MEDICAL		\				1 TES 2 NO				
PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3 DOA 4	28. PLACE OF DT HEM?	Paeldence 6						
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJUR	OF 28c. INJURY AT WORK?	284	DESCRIBE HOW INJURY OF	CURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building str. (Specify)									
COMPLETED	29a. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
COM	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Monte, Day, Year) 29d. DATE SIGNED (Monte, Day, Year) 29d. DATE SIGNED (Monte, Day, Year) 29d. DATE SIGNED (Monte, Day, Year)										
	ABPUL G. KURESHI, M.D. SOI-DOLDHIN St. BALT. Hd 21217.										
	FEB 1993 July	REGISTRATE SION	ATURE								



3. TIME OF DEATH

10d, INSIDE CITY LIMITS?

1 YES 2 | NO

Approximate Interval Betw

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

1 | YES 2 | NO

29d. DATE SIGNEO (Month, Day, Year)

11 1992

FE B Onset and Death

8. BIRTHPLACE (State or Foreign

TARY

10g. CITIZEN OF WHAT COUNTRY?

HU

inogive

14. RACE - American Block, White, etc.

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

2

30. NAME AND ADDRESS OF PERSON WHO DOM

31. DATE FILEO (Month, Day, Year)

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iRO FIB 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 - M 2 XF 213 YRS Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PERIDENCE OF DECEDENT be detached for use as the burial-transit permit. Pages 1. 2, 3 MORIAL 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION PARYLAM ALTIMORE FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE MORI HBURTON 21223 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, apecify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married ВҰ 3 Widowed 4 Divorced COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working entary/Secondary (0-12) College (1-4 or 5+) - L'REDIT SURPAPE ZYRS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME /First Middle Maiden St. 040 Hs T ZHTA Ri BE A notified page 5 should 19a. INFORMANT'S NAME (Type/F 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FAMILY A 3 20a. METHOD OF DISPOSITION

St Burlal 2 Cremation 3 Ren SATE 93 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must funeral director, ARK 4 ☐ Donation 5 ☐ Other (Specify) traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHIMES OF EVANS CHAPIL ROAD YOR inding physician and completely filled in by the Hygiene prior to burial, cremation, or removal. Nom 25666 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) · arlenoreler equires that the death certificate be executed within OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other OUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? item 23 shows any 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
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OT 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA certific TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the ! IMPORTANT: If Item 28 is marked, or 6 HOSPITAL OR ATTENDING PHYSICIAL 鲁 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Spec/ly) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 291 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE remo

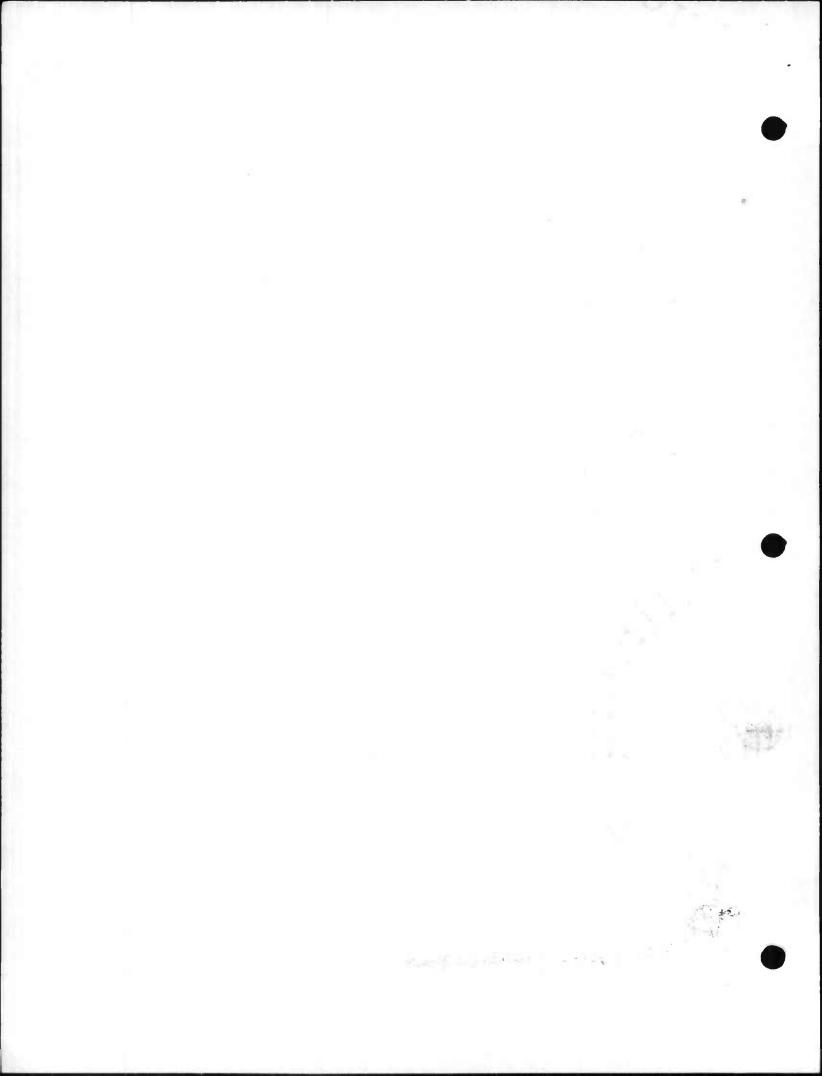
ETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

OHMH-16 Rev 1/89



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The law requires that the abath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	ched	
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Security of Death   Security	NRECTOR			MONT				ber)	BIRTHPLACE (State or Foreign Country)
The STREET AND NUMBER    19. NET THE CODE		010 10 0 107	10		CITY, TOWN C	OR LOCATION OF D			Carrie III.
The STREET AND NUMBER    19. NET THE CODE			OSPITAL		Tow	200		BAL	Timore
The STREET AND NUMBER  10. STREET AND NUMBER  11. MARTIAL STATUS  12. MARTIAL STATUS  12. MARTIAL STATUS  13. MARTIAL STATUS		- 1 0 -		0.1	_				LIMITS?
Security   Security			LINORE	(612				10g. CITIZE	
Security   Security	NER			ORO					
St. DECEDENT'S SUCCION   Seed of Control Con		1 Never Married 2 Married	FORCES? 1 YES 2.	₩NO	if yes, sp	ecity Cuban, Mexic	an, Puerto Rican, e	ffy Yes or No 1.	Black, White, etc.
The Information Name (Proportion)  199. MAILING ADDRESS (Stord and Number or Paral Road Number, City or Road, 200. DATE (Proportion)  209. METHOD OF DISPOSITION   Removal from State   200. PLACE AND DATE OF DISPOSITION   Manual   201. DATE   201. LOCATION - City or Town, State   201. DATE   201. DATE   201. LOCATION - City or Town, State   201. DATE		15. DECEDENT'S EDUCA	ATION 16a	. DECEDENT'S USUA	L OCCUPATION	ON .	166, KIND (	OF BUSINESS/INDU	WHITE
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The Information Name (Proportion)  199. MAILING ADDRESS (Stord and Number or Paral Road Number, City or Road, 200. DATE (Proportion)  209. METHOD OF DISPOSITION   Removal from State   200. PLACE AND DATE OF DISPOSITION   Manual   201. DATE   201. LOCATION - City or Town, State   201. DATE   201. DATE   201. LOCATION - City or Town, State   201. DATE	OM	17. FATHER'S NAME (First, Middle, Last)		N. IA	0147	16. MOTHER'S N	AME (First, Middle, A	faiden Surname)	
20s. NETHOD OF DISPOSITION Deli Burdal 2   Cremetion 3   Removal from State  20s. PLACE AND DATE OF DISPOSITION (Name of congretor, crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE UCRNSE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. PART II. Enter the diseases, or complicationing that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between conditions, or heart feliure. List only onal cause on each line.  NOMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING  Cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 OTHER:  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  29. ACCIDING TOWN REPRESSION MONEY?  1 OWN RY  1	5 111	190 INFORMANT'S NAME (Resolver)	PUSS	401 1111 110 100		- 13	1 101	Cull	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line.    MADDAMAN   SANCONSEQUENCE OF:		FAMILY RE	COROS	SA.	CVZ (			or Town, Stata, Zip C	ode)
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line.    MADDAMAN   SANCONSEQUENCE OF:		20a. METHOD OF DISPOSITION  CM Burlal 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of capagiory, crematory or other place)							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line.    MADDAMAN   SANCONSEQUENCE OF:		21. SIGNITURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   27. MANNER OF DEATH   1   Inpatient 2   ERVOUtpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   28b. DATE OF INJURY AT WORK?  25   WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Natural 5   Panding   22   Accident   28b. DATE OF INJURY AT WORK?   28d. DATE OF INJURY AT WORK?   28d. DATE OF INJURY AT WORK?   28d. DESCRIBE HOW INJURY OCCURED   1   YES 2   NO   YES 2   NO   YE		1 Sept 4 Share A Share							
disease or condition resulting in death)  NOTE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE		snock, or heert feliure. List only one ceuse on each line.							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING C		disease or condition a. MYDCARORE INFARETCOL							
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D		ALCU 1							
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	ATIO	If any, leading to immediate							
PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Yoar)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Yoar)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO	IFIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1		resulting in death) LAST d							
2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIRY At home form steel fractor office		PART ii. Other significent conditions	contributing to deeth but n	ot resulting in the	underlying	g ceuse given in	Part I. 24a. W		
2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIRY At home form steel fractor office	MEDI						¹□'	ES 2 NO	OF DEATH?
2 Accident Investigation 28s PLACE OF IN HIRY At home form stood traders office	AN: N								
2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIRY At home form store formation of the control of the contr	SICIA	EXAMINER?			IER:				
2 Accident Investigation 29 PLACE OF IN HIRTY At home form street feeters office	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	28c. INJ	URY AT			RED
City or Town, State)		2 Accident Investigation	28e. PLACE OF INJURY A	at home, ferm, street,			28f. LOCATION (S	Street and Number or	Flural Floute Number,
4 Homicide determined	히쁘								
3   Suicion   8   Could not be determined   Suicion   1   Certifying Physician: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated.  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29c. LICEN	OMPL	(Check only							
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER	SE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	294. DATE I	SIGNED (Morgh, Day, War)
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	(ITEM 27) (Type. Print)		\$159	132		741413
C Twerty Bossens MA	and the state of t								/
31. DATE FILED (Month, Day, Year) / 32. REGISTRAR'S SIGNATURE									V.

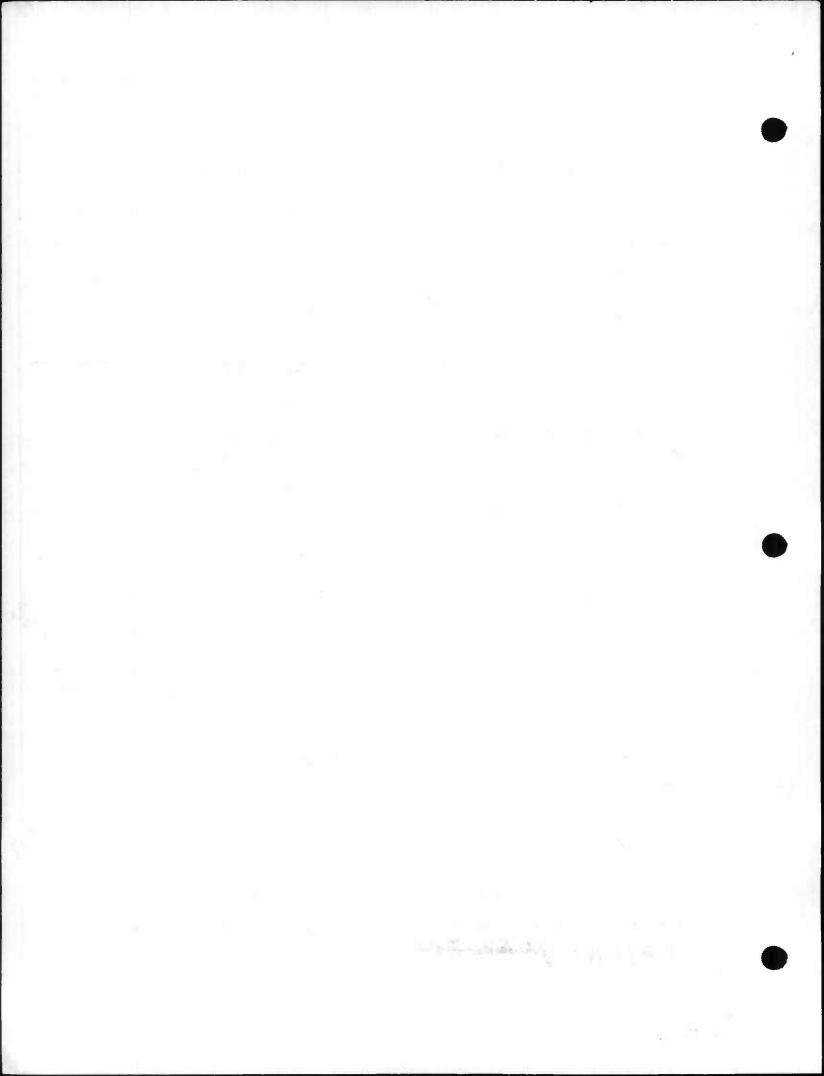
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TO THE HOSPITAL OR ATTENDANG PASSIDANT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FLIMERAL CHRECTAR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be med within 72 hours after cean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
es that the death certificate be ext	gned by the attending physician as aith and Mental Hygiene prior to 1	s any injury, or other trauma	
TEMBING PRESIDENT: The law requi	THE After this certificate has been some clean with the State Dept. of Hi	28 is marked, or item 23 show	
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT be filed within 72 hours a	IMPORTANT: If item 2	

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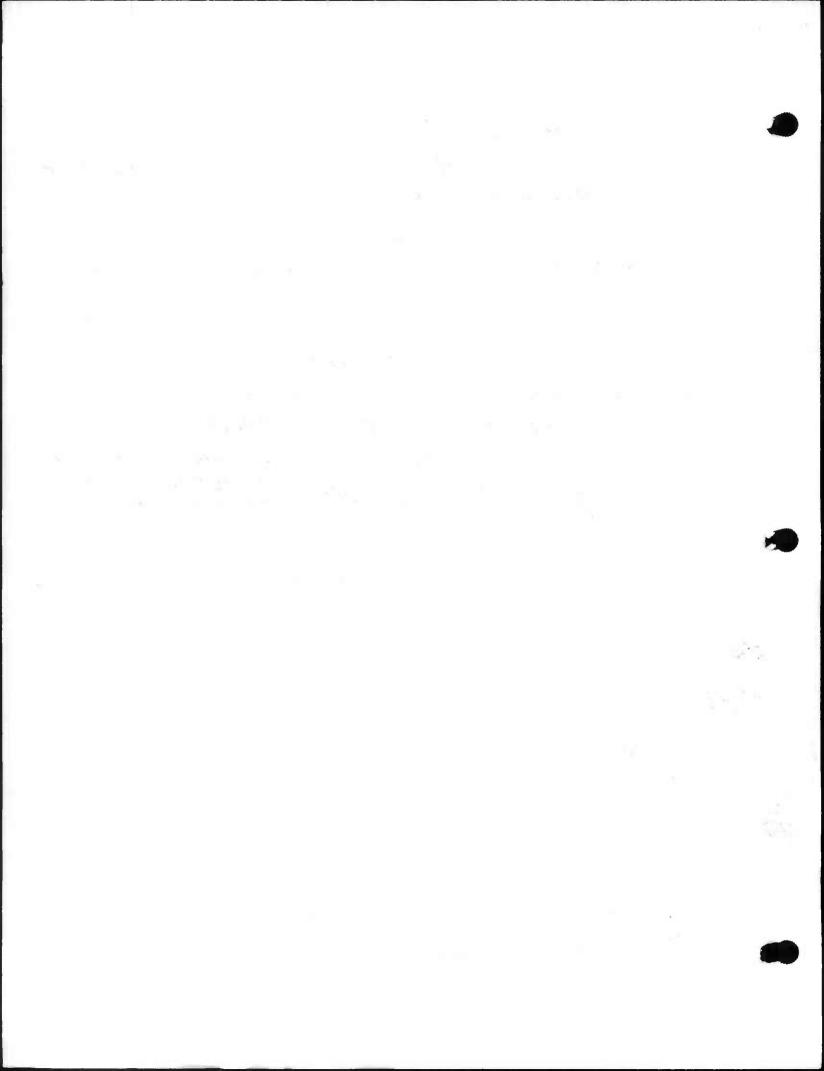
	1 - STATE OF MARY	LAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH		3 03611		
))	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH		
	LAURA LE STUAR		F50. 11. 1993	EAR M		
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 I		BIRTHPLACE (State or Foreign		
1	21632 4499 10 M 278 F 5	YRS. MONTHE DAYS HOURS N	JAN. 26. 1935 N	PARYLAND		
- 11	Sa. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN DR LOCATION				
O R	70 King CHARLES CIRCL	I ROSEDALS	BAIT	Timors		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY					
1 2	0000	10c, CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
	10. STREET AND NUMBER	101, ZIP CODE		1 TYES 2 NO		
AA		On I a	10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER	18(12) A13:	31	· 7.H.		
	1 Never Married 2 Married FORCES? 1 YE	S 2 NO If yes, specify Cuben, N	Mexican, Puerto Rican, etc.)	. RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES 1 YES 250 NO	Specify:	Specify:		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)				
4	12 YRS.	ADMINISTRATIVE	MARYLAND IN	STITUTE OF ART		
8	17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER	'S NAME (First, Middle, Maiden Surname)			
BE	HAROLO BARLOW	) [6	ROSE BROOKS			
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number of	Rural Route Number, City or Town, State, Zip Co	ode)		
-	FAMILY KELORIS	SAME AS A	3012			
	124 Burial 2 Cremation 3 Removal from State	Ob. PLACE AND DATE OF DISPOSITION (Name of emetery, crematory or other place)	OATE 20c. LOCATION - CH	y or Town, State		
	4 Donation 5 Other (Specify)	LOUDON PARKLEMETS	EKY 93 13 ALIO.	1.10		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	APEL OF MEMORIS	ن		
- 8	House of warm, h	8800 HA	REDRO ROBO - F	Parkvills		
	23. PART I. Enter the diseases, or complications that caus shock, or heart failure. Liet only one cause on	ed the deeth. Do not enter the mode of dying	, such as cerdiac or respiratory arres	t, Approximate		
	IMMEDIATE CAUSE (Final			Interval Between Onset and Death		
	disease or condition	TATIC CANCER		1 YEAR		
	OUE TO (DR AS A CONSEDUENCE OF):					
Z	Sequentially list conditions,					
E	if any, leading to immediate cause. Enter UNDERLYING	A CONSEDUENCE OF):				
길	CAUSE (Disease or Injury	A CONSEDUENCE DFI:				
CERTIFICATION	that initiated events . DUE TO (OR AS resulting in death) LAST	A CONCEDENCE SET.		31		
핑	d					
A.	PART II. Other significant conditions contributing to deeth	but not resulting in the underlying cause give	en in Part I, 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC			1 TYES 2 NO	COMPLETION OF CAUSE OF GEATH?		
ME				1 TES 2 NO		
ä						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEAT	TH (Check only one)			
YSI	1 YES 2 NO 1 inpatient 2 ER/O	utpatient 3 DOA 4 Nursing Home 5 Resid	ience 8 Other (Specify)			
PHY	27. MANNER OF DEATH  280. DATE OF INJUR (Month, Day, Year	Y 28b. TIME DF 28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUP	RED		
B	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 N	ю			
8	3 Suicide 8 Could not be determined 28e, PLACE OF INJU building, etc. (S)	RY — At home, ferm, streat, factory, office pecify)	28f. LOCATION (Street and Number or City or Town, State)	Aural Route Number,		
AP.		owledge, death occurred at the time, date end place, en				
COMPLET	2 MEDICAL EXAMINER: On the besie of examinat	tion end/or investigation, in my opinion, death occured	at the time, date end place, end due to the o	cause(e) end manner ee stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENS	E NUMBER 29d, DATE 8	IGNEO (Month, Day, Year)		
TO B	Christopher byou	mv. 03	14244 Fs	0.11, 1993		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)				
	Orriba - A. W.	1				
	DRCHRISTOPHER LAJA	10 8817 BILAIR K	KOAO - HERRY HE	T		
	OR CHRISTOPHER ZAJO 31. DATE FILED (MINISTER DAY) 22. RECUSTRAN'S SA	AC 8817 BILAIR 10	ROAD - MERRY HA	M		



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PHYSICIAN: The law require	This	with	ked
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3	E.	de	82
- 9	3	afte	28
3	ł	ours afte	ет 28
B	Direction	2 hours afte	item 28
B	RAL DIRECT	72 hours afte	: If item 28
B	FUNERAL DIFFERENCE	within 72 hours afte	IANT: If item 28
B	HE FUNERAL DIFFER	ed within 72 hours afte	DRTANT: If item 28
B	THE FUNERAL DIFFER	filed within 72 hours after	PORTANT: If item 28
TO THE HOSPITAL	TO THE FUNERAL DIFFER	be filed within 72 hours after death with the State Dept. of He	IMPORTANT: If item 28 is marked, or item 23 shows

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTM REGISTRAR CERTIFIC	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	50 00012		
	1. DECEDENT'S NAME (First, Middle, Last) A. Simmons	·	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign		
	218-01-7611 1 M 2 WF 90 VRS.	THE DAYS HOURS MIN.	912602	CHESTER, PA		
8	FERING PKWY NUR.	CITY, TOWN OR LOCATION OF DE	md F	COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	OWN OR LOCATION		10d. INSIDE CITY		
- 1	md Barto Re	ATIMORE		1 WES 2 NO		
FUNERAL	100. STREET AND NUMBER YORK PAAD	2 2 2 )	100	CITIZEN OF WHAT COUNTRY?		
S	11. MARITAL STATUS 12. WAS DECEONT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		o- 14. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 WNO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexica 1 YES 2 NO Specify		Specify:		
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5+)	MAVER		×		
<b>∑</b>	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Migidle, Maiden Surry	ime)		
BE (	EDWARD HANN	ANI	NIE HI	11		
임	196. INFORMANT'S NAME (Type/Print)  PANILY PECORDS 196. MAILING ADI	DRESS (Street and Number or Rural to	ANDVE	re, ZIp Code)		
	1 Buriel 2 Cremation 3 Removal from State	N (Name of cometery, crematory or	20c. LOCATIO	ON — City or Town, State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF MA	CHITTI	1 PHADA		
	My ney J. Jan moser	ESSES +	TREPORTS	PD. HEC		
	23. BART I. where the discrete, or complications that caused the death. Do not about or heart failure. List only one cause on each line.	enter the mode of dying, suc	h ss cardiac or respirato	intarvai Between		
	IMMEDIATE CAUSE (Final disease or condition	- oneu.	monia	Onset and Daath		
	resulting in death)  s. DUE (to (or As A consequence of):					
NO.	Sequentially liet conditions, if any, leading to immediate					
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	dys	hytum	12		
CERTIFICATION	that initiated eventa resulting in death) LAST	O	0			
	PART II. Other significant conditions contributing to death but not resulting in t	ha undarlying cause given in	Part I. 24a. WAS AN AUTO	DPSY 24b. WERE AUTOPSY FINDINGS		
ICAL			PERFORMED  1 TYES 2 TI	COMPLETION OF CAUSE		
PHYSICIAN: MEDIC		· · · · · · · · · · · · · · · · · · ·		1 TYES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?  1   YES 2   O O O O O O O O O O O O O O O O O O	THER: Nursing Home 5 - Residence				
	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  29b. TIME O INJURY		26d. DESCRIBE HOW INJUR	Y OCCUREO		
D BY	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)		26f. LOCATION (Street and A City or Town, State)	lumber or Rural Route Number,		
4 Homicide determined						
MP	CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred a (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, i					
BE C	290. BIONATURE AND TUTLE OF CERTIFIER	29c. LICENSE NU	MBER 29	d. DATE SIGNED (Month, Day, Year)		
0 8	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	D02T8	0	2/15/73		
		ford Rd. Bal	to. MD 212	34		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE					
	FEB 16 1993 file Fride Proces			DHMH-16 Rev 1/89		



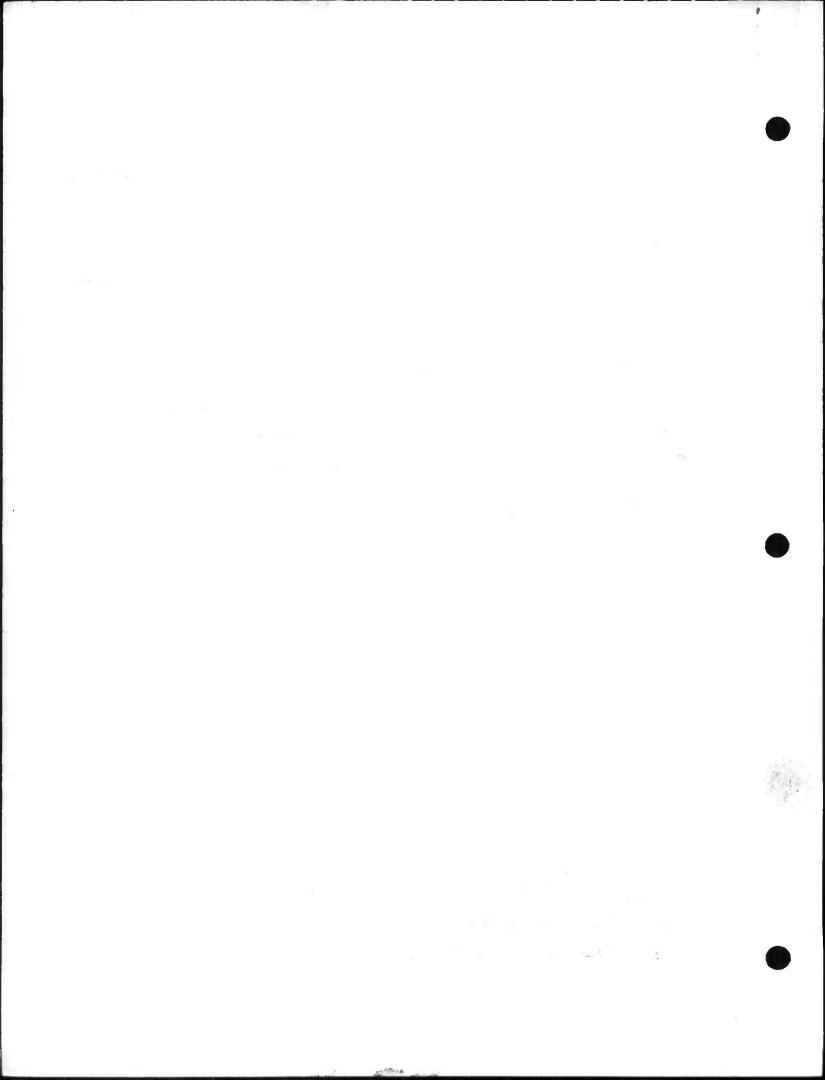
been signed by the attending physician and has this certificate DIRECTOR: After HOSPITAL OR ATTENDIN

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OR: After this cen	dea	E
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E	Sal	1 2
O.B.	hours after death with the State Dept. of Health and Mental Hygiene p	item 28 is marked, or item 23 shows any injury, or of

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 14-**EDWARD** D. SPEDDEN 02 1993 10:22P 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 11-17-1908 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR S. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 XM 2 - F 213-16-6500 84 YRS. MARY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE TIMONIUM 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE WHAT COUNTRY? 3 LOUGHMASK COURT APT. 201 U-S.A 21093 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) ege (1-4 or 5+) 1248 ZYRS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at ARENCE ALICS DARFILLO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 AMILY pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 9-13 must 130 Buriel 2 - Cre nation 3 - Removal from State DULANSY 4 ☐ Donation 5 ☐ Other (Specify) 125 MARYLAND MONIUM 21. SIGNATURE OF FUNERAL BETWICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CHIMES ROAD -Timonium M mon YOR ical 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart feiture. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition CARDIAC ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION HEART DISEASE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 X NO 1 Inpatient 2 XER/Outpatient 3 I DOA 4 🗌 Nu e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO COMPLETED BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(a) and manner ea stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAM restigation, in my opinion, death occured at the time, data and place, end due to the cause(a) end manner ea stated. 29b. SIGNATURE AND TUTLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Monthy/Day. 2/10/53 2 COMPLETED CAUSE OF DEATH (ITEM \$7) (8700, Print) Charles





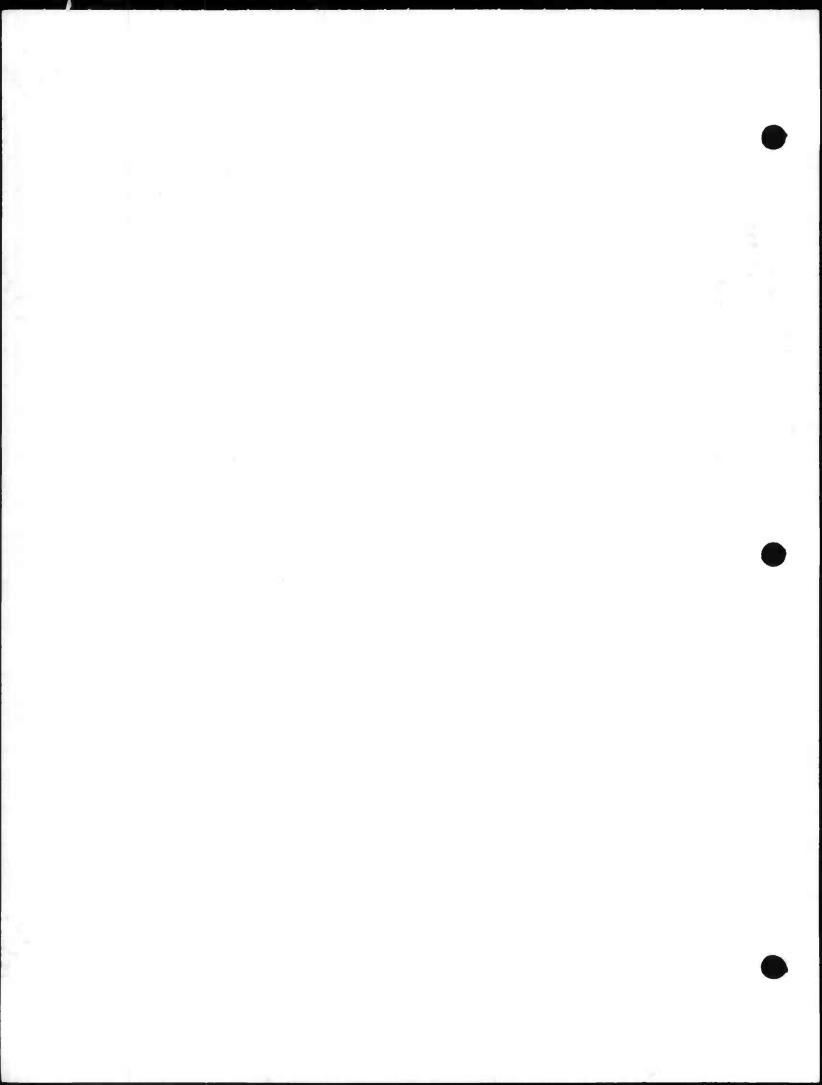
Indian physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should use other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law request TO THE FUNERAL DIRECTOR: After this certificate has been able filed within 72 hours after death with the State Dept. of Here IMPORTANT: If Item 28 is marked, or Item 23 shows and IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAI		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	00014
	1. DECEDENT'S NAME (First, Middle, Last)  Gra. C. P.	Sande	rs		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 220-14-5020	1 🗆 M 2 🗸 F	3 4 YRS. MO	UNDER 1 YEAR F UNDER 24 HRS, YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) TULV 10, 1908	8. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give str CHURCH HOSPITAL RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF DE		NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		100	OWN OR LOCATION  TIMORE		10d, INSIDE CITY LIMITS? 1 YES 2 \( \text{NO} \) NO
FUNERAL	2930 O DONN	ELL ST.	10 ADMED	101. ZIP CODE 2/224	LU	SA
8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, specify Cuben, Mexica  1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		6a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	186. KIND OF BUSINESS/INC	4
n, or removal. s medical examiner must be notified at once. TO BE COMPLET	17. FATHER'S NAME (First, Middle, Lest)  CHAPLES	5/4000	POSPE	18. MOTHER'S NA ELIZA	ME (First, Middle, Meiden Surneme)  RETH STUR	CAN CO.
be notified TO BE	190. INFORMANT'S NAME (Type/Print) BERNICE ADDI	NETON	RT#1	DRESS (Street and Number or Rural I	Poute Number, City or Town, State, Zig EEZEWOOD F	A. 15533
er must b	20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State compte	LACE AND DATE OF D ary, crematory or other LDEUS O	PAITH 2	-11-93 BALTO.	CO. MD.
si examiner	· Thomas &	Standa	h.	22. NAME AND ADDRESS OF FA SKAADA FH	1. 2829 HUDSO	
al, cremation, or removal	23. PART I. Enter the diseases or conshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on eac	tive he	10.1		Approximate interval Between Onset and Death
traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury					
OERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A C				
DICAL	PART II. Other significant conditions Rendel ingu	ficancy	not resulting in the	ne underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 190	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
State Dept. of Item 23 sh SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:		26. PLACE OF DEATH (Ch		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home   5   Residence	6 ☐ Other (Specify)  28d. DEŞCRIBE HOW INJURY OC	CURED
hours after death item 28 is ma "LETED BY	2 Accident  28e. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Numb					or Rural Route Number,
fled within 72 hours after PORTANT: If Item 28 BE COMPLETE					to the cause(s) and manner as star time, data and place, and due to the	
be fled within 72 IMPORTANT: If	290. SIGNATURE AND TOTALE OF CERRIFIER  SO/NAME AND ABORESS OF PERSON WHO	MS	H (ITEM OT 7	29c. LICENSE NUI	ARER 29d. DAT	E SIGNED (Mogith, Day, Year)
	Yaul BGOVM	m 100%		livay Ba	12 mD	
12	31. DATE FEB 1 8 1993	CALL DELICATION	PHONE	/		

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Las WINSTON STOK						2. DATE OF MONTH	DEATH DAY	YEA	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. I	at hirthrau	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF	NOTU T	93	7:36
	217-22-7966	1 M 2 D F				YS HOURS MIN.	(Month, De	ly, Year)	Co	RTHPLACE (State or Frountry)
	Se. FACILITY NAME (If not institution, give		62		9b. CITY TO	WN OR LOCATION OF D		5/1930		Ja.
E	CHURCH HOSPIT		2 ሿጥፐ∩እ					9c. (	COUNTY 0	T DEATH
DIRECTOR	RESIDENCE OF DECEDENT	THE CORFOR	W1101	4	DAL	rimore c	T.T. X			
REC	10e. STATE 10b. COUN				TOWN OR L					10d. INSIDE CITY
	Md. B	Balto.		Turn	ers	Station				1 X YES 2
AL	10e, STREET AND NUMBER					10f, ZIP CODE		10g.	CITIZEN C	OF WHAT COUNTRY?
ER	223 Conter S	S+				21222			U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT 8	EVER IN U.S.A	RMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No	- 14. R	ACE — American Indi
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		JIVW		t, specify Cuben, Mexic YES 2 ANO Speci		n, etc.)		reck, white, etc.
ED B		I .			ı					
TE	15. DECEDENT'S ED (Specify only highest gra-		16a. D	ECEDENT'S U	SUAL OCCU	PATION g most of working	16b, KIR	D OF BUSINESS	INDUSTR	Y
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	s"	teel	work	er	В	ethleh	nem :	Steel
COMPLET	17. FATHER'S NAME (First, Middle, Lest)									
Ö	Mc Cray	Stokes				18. MOTHER'S NA Ruth	FOW	IKES	ne)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		Ta	Oh MAII MAD	Ongree ~	met and blumber D	Dorde About		The Control	
2	Marsha A. Fr	ciend	1	223	Cent	er St. B	alto.	Md Sten	212	22
em-c.				AND DATE OF			- <del></del>			
	25e METHOD OF DISPOSITION  13 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State		utus"		TARING OF	2717	Balt	10.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE				E AND ADDRESS OF F	CHITYL	c C	2.5	
		a. Mo	1-4-		Ja	Mes And Address of M	orton	à SOI	15	маэтэт
	23. PART Enter the diseases, or					01 Laure				,1442121
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	B	Canal FLAS A CONSE Hey	liac EQUENCE DF)	ar. Fa	est ilure irhosis				Onset an
Ě	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (O	R AS A CONSE	QUENCE OF):	C.	· Cari				
CERTIFICATION	CAUSE (Disease or Injury		R AS A CONSE			rnosw				
Ē	that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSE	WUENCE OF):						
ij		d								
4	PART ii. Other significant condition	ons contributing to de	eath but not	resulting in	the under	iying cause given in	Part I. 24	. WAS AN AUTOF	PSY	
DICAL	PART ii. Other significant condition	ons contributing to de	eath but not	resulting In	the under	lying cause given in		PERFORMED?		MAILABLE PRIOR COMPLETION OF
MEDICAL	PART II. Other significant condition	ons contributing to de	eath but not	resulting In	the under	iying cause given in				MAILABLE PRIOR COMPLETION OF OF DEATH?
Σ	PART ii. Other significant condition	ons contributing to de	eath but not	resulting in	the under	lying cause given in		PERFORMED?		MAILABLE PRIOR COMPLETION OF OF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL		eath but not		2	iying cause given in	1(	PERFORMED?		MAILABLE PRIOR COMPLETION OF OF OF DEATH?
Σ		HOSPITAL:			2 OTHER:		1 (	PERFORMED?		24b. WERE AUTOPSY PAMILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ HO 27. MANNER OF DEATH	HOSPITAL: 1    Impetent 2   E	R/Outpatient	3 DOA 28b. TIME	OTHER: 5   Nursing OF   28	6. PLACE OF DEATH (C/	neck only one)  8 □ Other (Sp	PERFORMED?	·	AMALABLE PRIOR COMPLETION OF I OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 1 Pinpatient 2 = 28a. DATE OF IN. (Month, Day.	R/Outpatient	3 🗆 DOA	OTHER:  I Nursing OF 280	6. PLACE OF DEATH (C/	neck only one)  8 □ Other (Sp	PERFORMED?  YES 2 NO	·	AMALABLE PRIOR COMPLETION OF I OF DEATH?
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not by	HOSPITAL:  1 Pinpatient 2 E  28a. DATE OF IN.  (Month, Day.	R/Outpetient JURY Year) NJURY — At h	3 DOA 28b. TIME	OTHER: 5 Nursing OF 286 RY M 1	6. PLACE OF DEATH (C/ Home 5 Residence INJURY AT WORK?	1 [  seck only one)  6 Other (Sp  28d. DE\$CRIII  28f. LOCATIO	PERFORMED?  YES ** NO  octty)  BE HOW INJURY  N (Street and Num	OCCURED	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	MOSPITAL:  1 Propertient 2 = 28a, DATE OF IN.  (Month, Day.)  28a, PLACE OF II	R/Outpetient JURY Year) NJURY — At h	3 DOA 28b. TIME	OTHER: 5 Nursing OF 286 RY M 1	6. PLACE OF DEATH (C/ Home 5 Residence INJURY AT WORK?	1 [  seck only one)  6 Other (Sp  28d. DE\$CRIII  28f. LOCATIO	PERFORMED?  YES *** NO  Octiv)  BE HOW INJURY	OCCURED	AMALABLE PRIOR COMPLETION OF I OF DEATH?  1 YES 2
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL:  1 Inpetient 2 Inpet	ER/Outpetient JURY Year) NJURY — At h c. (Specify)	3 DOA 4 28b. TIME INJUI	OTHER: 5 Nursing OF 28c RY M 1	6. PLACE OF DEATH (C/ Home 5 Residence INJURY AT WORK? YES 2 NO	s Other (Sp 28d. DESCRII  281. LOCATIO City or 76	PERFORMED?  YES VI NO  ecity)  BE HOW INJURY  N (Street and Nur  wn, State)	OCCURED	MAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1 Pinpetient 2 = E 28a. DATE OF IN. (Month, Day. 28b. PLACE OF III building, etc.  SICIAN: To the best of my	R/Outpetient JURY Year)  NJURY — At h (Specify) y knowledge, d	3 DOA 28b. TIME INJUI	OTHER: S   Nursing OF 28cm Y M 1 reet, factory,	6. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office	1 (Speck only one)  8 Other (Sp 26d, DE\$CRIII  281, LOCATIO City or 70	PERFORMED?  YES ** NO  ocity)  BE HOW INJURY  N (Street and Nur  wrn, State)	OCCURED	MAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   rel Route Number,
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1 Pinpetent 2 = E 28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc  SICIAN: To the best of my NER: On the best of axam	R/Outpetient JURY Year)  NJURY — At h (Specify) y knowledge, d	3 DOA 28b. TIME INJUI	OTHER: S   Nursing OF 28cm Y M 1 reet, factory,	6. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office  data and place, and due on, death occured at the	8 Other (Sp 28d. DESCRII 281. LOCATIO City or 70	PERFORMED?  YES VI NO  OCITY)  BE HOW INJURY  N (Street and Num  Warn, State)  and manner as place, and due	OCCURED  mber or flui  stated,	MAILABLE PRIOR COMPLETION OF I OF DEATH?  1 YES 2 1
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN	HOSPITAL: 1 Pinpetent 2 = E 28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc  SICIAN: To the best of my NER: On the best of axam	R/Outpetient JURY Year)  NJURY — At h (Specify) y knowledge, d	3 DOA 28b. TIME INJUI	OTHER: S   Nursing OF 28cm Y M 1 reet, factory,	6. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office	8 Other (Sp 28d. DESCRII 281. LOCATIO City or 70 to the cause(a	PERFORMED?  YES 2/ NO  OCITY  DE HOW INJURY  N (Street and Null win, State)  and manner as place, and due in 1994.	OCCURED  mber or flui  stated,	MAILABLE PRIOR COMPLETION OF IOF DEATH?  1 YES 2 1  ral Floute Number,  se(a) and manner as a
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Pinpettent 2 = 28e. DATE OF IN. (Month, Day. 28e. PLACE OF II building, etc. 28c. PLACE OF my NER: On the best of my NER: On the best of axamiler	IR/Outpatient JURY Year)  NJURY — At h (Specify)  y knowledge, d ninstion and/or	3 DOA 28b. TIME INJUI	OTHER: 5   Nursing OF 28c RY M 1 reet, factory.	6. PLACE OF DEATH (C/ Home 5 Residence - INJURY AT WORK? - YES 2 NO office  data and place, and due on, death occured at the	eck only one)  8 Other (Sp  28d. DESCRII  281. LOCATIO City or 70  1 to the cause(a time, date and	PERFORMED?  YES 2 No  oc/hy)  BE HOW INJURY  N (Street and Nur wm, State)  and manner as place, and due  29d.	OCCURED  mber or Run  stated.  to the caus	AMALABLE PRIOR COMPLETION OF CONTROL OF DEATH?  1 VES 2   ral Route Number,  see(a) and manner as a  4ED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	HOSPITAL:  1 Pinpatient 2 = E  28e. DATE OF IN (Month, Day)  28e. PLACE OF II building, etc  SICIAN: To the best of my NER: On the best of axam  BER  SOUMAL  THO COMPLETED CAUSE	P/Outpetient JURY Year)  NJURY — At h c. (Specify)  y knowledge, d ninstion and/or  OF DEATH (ITE	28b. TIME INJUI	OTHER:   Nursing   Park   Nursing   Park   P	6. PLACE OF DEATH (C/ Home 5 Residence INJURY AT WORK? YES 2 NO office  deta and place, and due on, death occured at the  29c. LICENSE NU	s Other (Sp 28d. DESCRIII 28f. LOCATIO City or 70 to the cause(a time, date and	PERFORMED?  YES 2/ NO  occlly)  BE HOW INJURY  N (Street and Nur  wm, State)  and manner as place, and due  CORPOR	occurrence of Automotive States of Automotive State	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 Table 1 YE
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Pinpatient 2 = E  28e. DATE OF IN (Month, Day)  28e. PLACE OF II building, etc  SICIAN: To the best of my NER: On the best of axam  BER  SOUMAL  THO COMPLETED CAUSE	FA/Outpatient JURY Year) NJURY — At h c. (Specify) y knowledge, d ninstion and/or	28b. TIME INJUI 28b. TIME INJUI ome, ferm, atr eath occurred Investigation,	OTHER:   Nursing   Park   Nursing   Park   P	6. PLACE OF DEATH (C/ Home 5 Residence - INJURY AT WORK? - YES 2 NO office  data and place, and due on, death occured at the	s Other (Sp 28d. DESCRIII 28f. LOCATIO City or 70 to the cause(a time, date and	PERFORMED?  YES 2/ NO  occlly)  BE HOW INJURY  N (Street and Nur  wm, State)  and manner as place, and due  CORPOR	occurrence of Automotive States of Automotive State	AMALABLE PRIOR COMPLETION OF 6 OF DEATH?  1 YES 2 1  1 YES 2 1  Tall Route Number,  Tall Route Number,  Tall Route Number,  Tall Route Number,  Tall Route Number,



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30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

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from Let nours are death. Fage b may be freamed by the hospital or attending physician. Helely filled in by the funeral director, page 5 should be detached for use as the burial-transit perminance in a consequence.	enacen, or princes.  Int, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The strength of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNEAU DIRECTOR with this certificate the strength of the attending physician and completely placed in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages the strength of	or more within 12 founds are local mile to case copy, or near inspense prior to belies, contactor, or reflect a notified at once, iMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

93 03616 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH SMITH YEAR HERESA 2:15A 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 215-12-01620 1 □ M 2 Ø F -26-28 Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH With of MO HOSP. FUNERAL DIRECTOR 27 S. Creen St Balton RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTE MORE 13AL TO. MAN B THE YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 401 B. LITH ST. 21218 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
Me. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) BE 19b. MAILING ADDRESS (Stre 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION certifiery, cremeto vior other Disco. 1 - Buffai 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ RASTMILTIVE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) OBES17 Mong 10 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 - YES 2 00 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 D Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO me 5 Residence 6 Other (Specify) 4 Nursing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

UNW. OF MD. ZZ S. COREENE ST.

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32. REGISTRAR'S SIGNATURE

Davidson

MARKESON

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

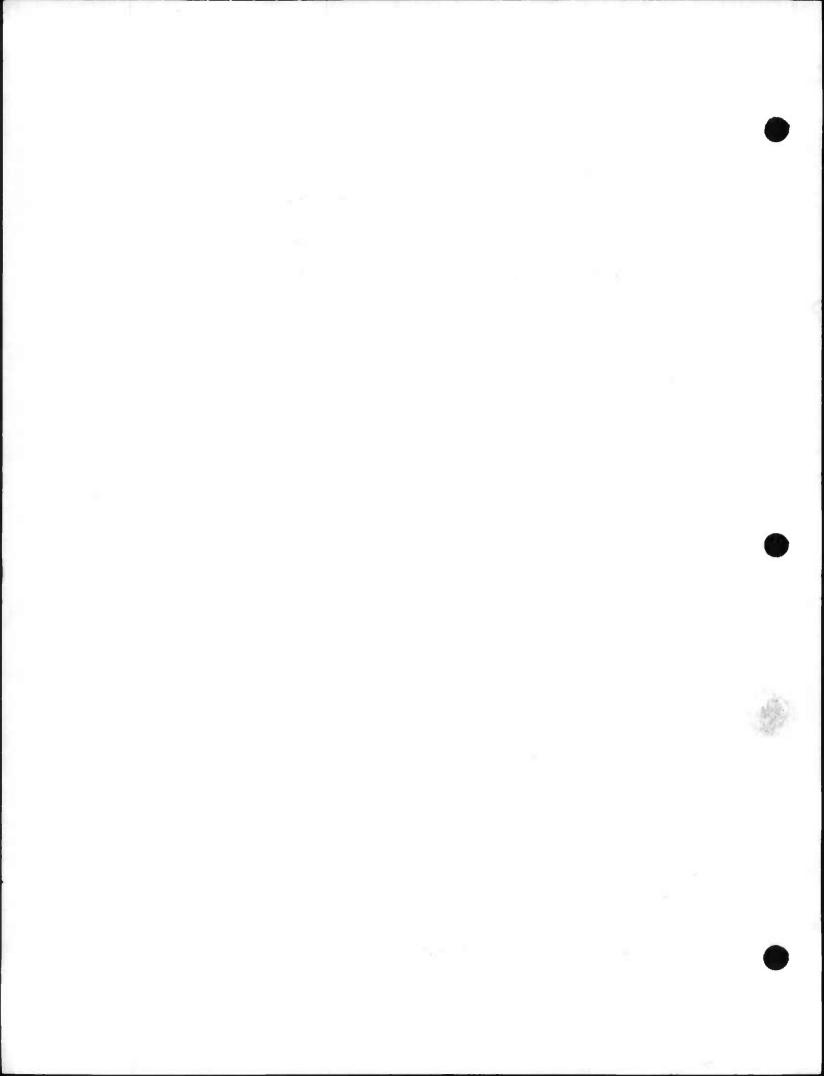
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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this can be be signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	100 110 110 110 110 110 110 110 110 110
DIVISION DE L' RECORDS, P.O. BOX 68760,	ITAL DR ATTENDING FIX Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	4AL DIRECTOR: After this completely filed in by the attending physician and completely filled in by the 172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	See if a can can be can

_	REGISTRAR	STATE OF MARYLAND /	DEPARTME ERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E 93	03617		
j	1. DECEDENT'S NAME (First, Middle, Last),  ELL NOOC	STAT	hA	W	2. DATE OF DEATH	5 95	3. TIME OF DEATH		
	0 0	SEX 8. AGE (In yrs. lest	t birthday) IF UN	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH 8/5/1910	A RIE	THPLACE (State or Foreign intry) LTO., MD		
	Ba. FACILITY NAME (If not institution, give street	and number)		CITY, TOWN OR LOCATION OF I	EATH	9c. COUNTY OF			
515	LIBERTY MEDICAL RESIDENCE OF DECEDENT	CENTER		BALTIMORE					
DIRECTOR	MARYLAND 106. COUNTY			N OR LOCATION BALTIMORE	4		10d. INSIDE CITY LIMITS? 1 AYES 2 NO		
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?		
	5334 LIBERTY HE	IGHTS AVENUE		21207			USA		
Y FUNERAL	1 X Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic  1 YES 2 NO Spec	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14. RA	CE — American Indian, ack, White, etc.		
BY	3 Widowed 4 Divorced						Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete specific	pleted) (Gh	CEDENT'S USUAL five kind of work do Do NOT use retire	one during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	Va =		
5	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Surname)			
SE C	Eugene Statham			Vir	ginia				
2	19a. INFORMANT'S NAME (Type/Print)			IESS (Street and Number or Rura					
	Marjorie Robins		-	iberty Heig			ore,MD		
1	20e. METHOD OF DISPOSITION  1 □ Burial 25€ Cremation 3 □ Removal  4 □ Donation 5 □ Other (Specify)	from State cemetery, cren	matory or other pla	POSITION (Name of	1	CATION — City or	12.00		
- 1		Metr	o Crer	natory	⊢   Cat	onsvll	e. MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	5. Dult	1	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT	ETT & SON Y HEIGHTS	AVENU	RAL HOME		
	23. PART J. Enter the diseases, of comp	plications that caused the de	I I	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT	ETT & SON Y HEIGHTS	FUNER	RAL HOME JE 21207   Approximata		
	23. PART J. Enfor the diseases, of companies, or heart feilure. List	5. Dult	I I	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT	ETT & SON Y HEIGHTS	FUNER	RAL HOME E 21207		
	23. PART I. Enter the diseases, or companies, or heart fellure. List	plications that caused the des	ath. Do not en	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT liter the mode of dying, su	MCHITY ETT & SON Y HEIGHTS th as cardiac or respi	FUNER	RAL HOME JE 21207 Approximata Interval Between		
/IN	23. PART I. Enter the diseases, or companies, or heart fellure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the detonity one cause on each line.	sth. Do not en	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT Iter the mode of dying, su	MCHUTY ETT & SON Y HEIGHTS th as cardiac or respi	FUNER AVENU ratory arrest,	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
AT ION	23. PART 1. Enter the diseases, or companies, or heart feiture. List immediate or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	STATE OF STA	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT offer the mode of dying, su	ACLITY ETT & SON Y HEIGHTS th as cardiac or respi	FUNER AVENU ratory arrest,	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
NOT ION	23. PART 1. Enter the diseases, or complete, or heart fellure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQ	STATE OF STA	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT offer the mode of dying, su	MCHUTY ETT & SON Y HEIGHTS th as cardiac or respi	FUNER AVENU ratory arrest,	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
HILLAIION	23. PART I. Enter the diseases, or compands, or heart fellure. List immediate cause or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUE TO (O	STATE OF STA	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT other the mode of dying, su  Company of the company of	ACLITY ETT & SON Y HEIGHTS th as cardiac or respi	FUNER AVENU ratory arrest,	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
3	23. PART I. Enter the diseases, or companies, or heart felium. List immediate or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE T	SUENCE OF):  DUENCE OF):  DUENCE OF):	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT other the mode of dying, su  STAL VSS HENSION	ETT & SON Y HEIGHTS th as cardiac or respi	FUNERS AVENU ratory arrest,	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
3	23. PART I. Enter the diseases, or compands, or heart fellure. List immediate cause or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE T	SUENCE OF):  DUENCE OF):  DUENCE OF):	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT other the mode of dying, su  STAL VSS HENSION	ETT & SON Y HEIGHTS th as cardiac or respi	FUNERS AVENU ratory arrest,  SCS SC SC SC SC SC SC SC SC SC SC SC SC	RAL HOME IE 21207 Approximata Interval Between Onset and Death		
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MEDICAL CE	23. PART I. Enter the diseases, or compands, or heart feilure. List immediate cause or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT CONTINUITY OF TO (OR AS A CONSE	SUENCE OF):  DUENCE OF):  DUENCE OF):	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT other the mode of dying, su  STAL VSS HENSION	Part I. 24a. WAS AN PERFOR	FUNERS AVENU ratory arrest,  SCS SC SC SC SC SC SC SC SC SC SC SC SC	ALL HOME  JE 21207  Approximata Interval Between Onset and Death  About the second of		
SICIAN: MEDICAL CE	23. PART I. Enter the diseases, or companies, or heart fellure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE T	STHE DO NOT ON THE STREET OF STHE STREET OF STHE STREET OF STHE STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT other the mode of dying, su  STALL VSS  Underlying cause given in	Part I. 24a. WAS AN PERFOR	FUNERS AVENU ratory arrest,  SCS SC SC SC SC SC SC SC SC SC SC SC SC	ALL HOME  JE 21207  Approximata Interval Between Onset and Death  About the second of		
T PHISICIAN: MEDICAL CE	23. PART I. Enter the diseases, or complete the diseases, or complete the diseases, or complete the disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions complete the disease of the disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions complete the disease of the disea	DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)	STHE DO NOT ON THE STREET OF STHE STREET OF STHE STREET OF STHE STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET	natory 22. NAME AND ADDRESS OF F LEROY O. DY 4600 LIBERT Iter the mode of dying, su  OTTE  CONTROL  UNDERTOR  UNDERTOR  UNDERTOR  UNDERTOR  26. PLACE OF DEATH (CHER)	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	ALL HOME  JE 21207  Approximata Interval Between Onset and Death  About the second of		
u u	23. PART I. Enter the diseases, or complete the diseases, or complete the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions complete the disease of th	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DISPITAL:  Impatient 2 DEPLOutpatient 3  28a. DATE OF INJURY	SUENCE OF):  DOA OTH  26b. TIME OF  RIJURY	28. PLACE OF DEATH (C. HER: Nursing Home 5   Residence Work? 1   YES 2   NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?  NJURY OCCURED	ALL HOME JE 21207  Approximata interval Between Onset and Death  4b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
D BY PHISICIAN: MEDICAL CE	23. PART I. Enter the diseases, or compands, or heart fellure. List immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A CONSEQUENT)  DIFFICULTY (Month, Day, Year)  28a. PLACE OF INJURY — At home	Sth. Do not en DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  STURENCE OF):  DOA OTH  DOA 4   11  26b. TIME OF  INJURY  Mene, farm, street, finance of the course of the	28. PLACE OF DEATH COLOURS. Notice time, data and place, and due to the time, data and due to the time, data and place, and due to the time, data and place, and due time.	Part I. 24a. WAS AN PERFOR 1 YES 2  Theck only one)  S Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	AUTOPSY MED?  NURY OCCURED and Number or Rura stated.	AL HOME JE 21207  Approximata Interval Between Onset and Death  Ab. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		

29c. LICENSE NUMBER
D30115

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296. SIGNATURE AND TITLE OF CERTIFIER

Ohiok Pehai, mo 2600 Liberty
(Morth, Day, Har)
(B 1998)

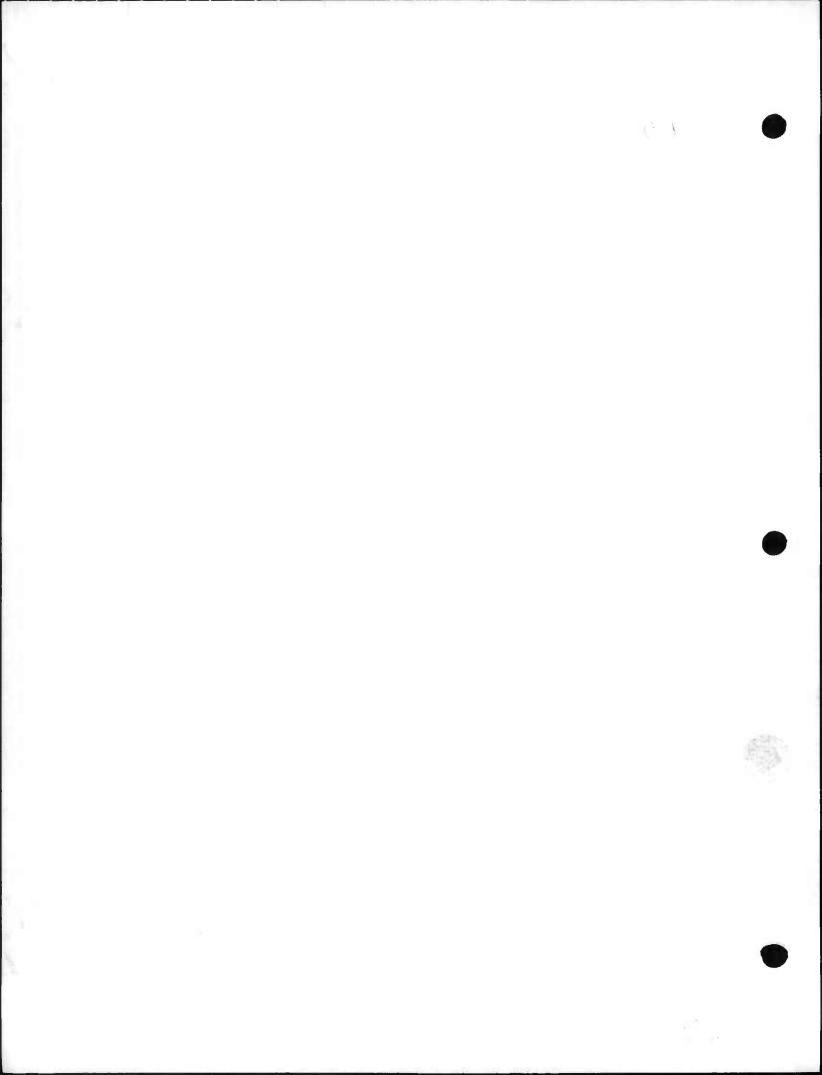
Super Sup

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(HEM 27) (Type, Trim)

29d. DATE SIGNEO (Month, Day, Year)

Heights AV. BRITIMOTE MD 21215

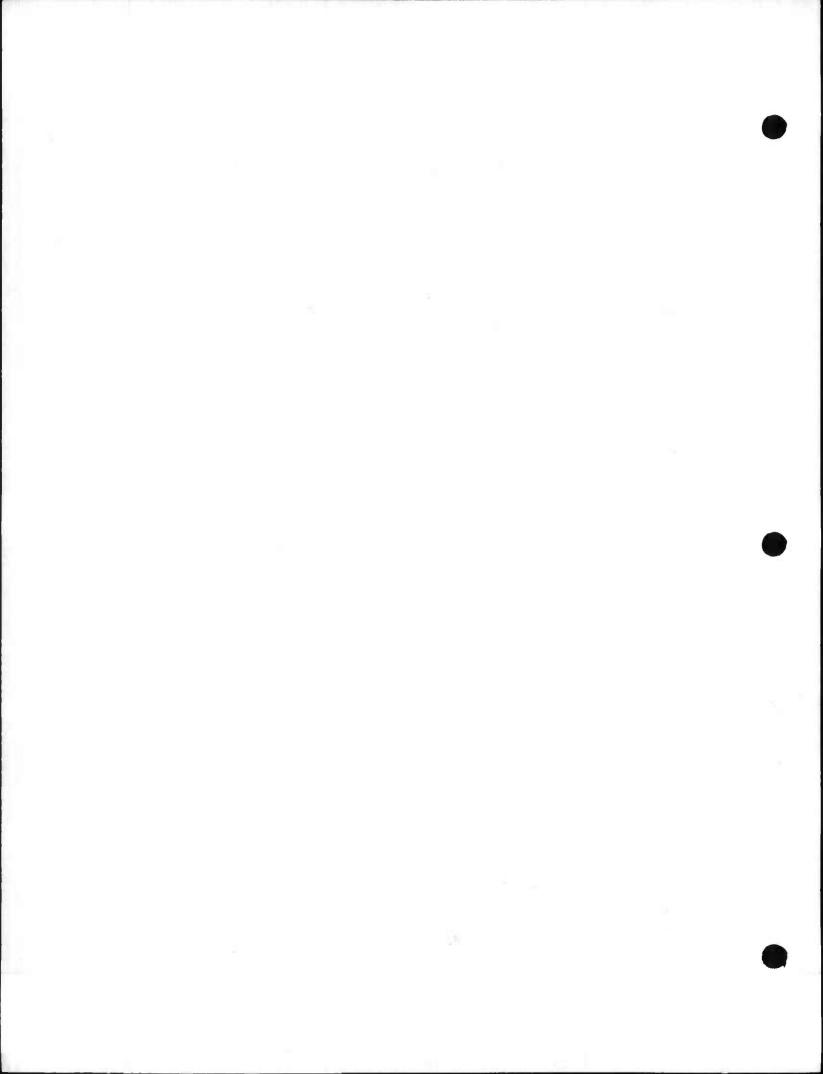
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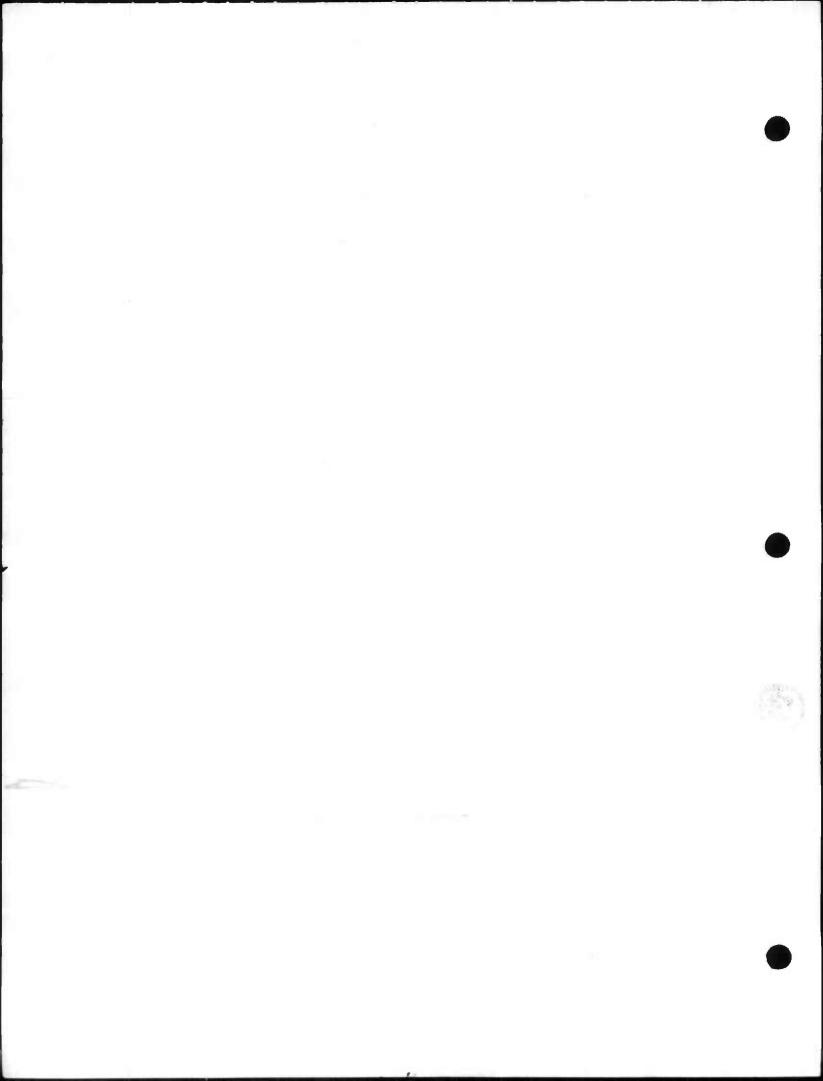
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) Bianche	E. 5+;	Ncho	omb	/	2. DATE OF DEATH MONTH D	N 12 8	SEAR 2:10 P M
	4. SOCIAL SECURITY NUMBER 214-26-7716	5. SEX 8. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	02	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give st CROFTON CONVALES	reet and number) CENT CENT	er	96. CITY, TOWN C	OR LOCATION OF D	1 1 1 1 1	9c. COUNTY ANNE	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			r, TOWN OR LOCAT			1/////	10d. INSIDE CITY
	Maryland Anne	Arundel		vern				LIMITS? 1 YES 2 NO
RAL	10a. STREET AND NUMBER	3		101	ZIP CODE			N OF WHAT COUNTRY?
S	788 Evergreen Ro	12. WAS DECEDENT EVER IN U		13. WAS DEC	21144 ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		. RACE American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DATE		If yes, sp	2 NO Specif	nn, Puerto Rican, etc.)		Specify: White
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	completed)	6a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION of done during me	ON ist of working	18b. KIND OF BU	SINESS/INDUS	ТНҮ
1PLE	Elementary/Secondary (0-12) 8 Yrs.	College (1-4 or 5+)		emaker		Own H	Home	
CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden		
BE	WIlliam Bach  19a. INFORMANT'S NAME (Type/Print)		405 4444 340	AADDEDO (O		rine Vermi		
1	Shirley Stinchcor	nlo				House Number, City or Tow		0776
MUSE DE	20a. METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Remo		LACE AND DATE O	F DISPOSITION (Na	ame of	OATE 20c. LO	CATION — City	y or Town, State
5	4 Donation 5 Other (Specify)		n Haven		1 Park 2		en Burr	nie, Maryland
Year	· Cori L	Ebough		Kirkl	.ey-Ruddi	ick Funeral		
	23. PART I. Enter tha diseases, or c	omplications that coused t	ha daeth. Do n	ot enter the mo	crain Hwy	has cardiac or resp	en Burr	nie, Md. 21061 t, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	atheres	A.	tie ca	dion	osenlas	disea	Interval Between Onset and Death
	resulting in doubly	OUE TO (OR AS A C						
NO.	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF	ງ:				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	ī):				
	PART II. Other significant conditions	s contributing to deeth but	not resulting i	n tha underlyin	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	atra	I arriger	P Pu			PERFOR	A.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE	advar	need all	tylein	ere d	reast			1 - YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	we sear	t fai	lune,	ACE OF DEATH (CA	<b>4</b>		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpati	lent 3 🗆 DOA	QTHER:		6 ☐ Other (Specify)		
품	27. MANNER OF DEATH  1. Natural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c, INJ		28d. DESCRIBE HOW I	NJURY OCCUP	RED
à	2 Accident Investigation	28e. PLACE OF INJURY	- At home, farm, s		YES 2 NO	26f. LOCATION (Street	and Number or	Stural Courts Murrhay
	4 Homicide 6 Could not be	building, etc. (Specify	;)			City or Town, State)		ruiai riodio Humbel,
COMPLETED		CIAN: To the best of my knowled						
BE C	296. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NUI			IGNEO (Mogth, Day, Year)
TO B	Mos	2			0295	71	1 2/	12/93
	Paul Berez Mb	1655 CONTO	H (ITEM 27) (Type,	Print)	101 Cro	Iton 11	200	d8'21114
	31. FEB 1 6 1993	Fullan Decindos resign	alari gar					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL'ES DS, P.O. BOX 68760,	death certificate be executed with	te attending physician and complete
RE. D	at the	been signed by the
OF VITAL	PHYSICIAN: The lan	this certificate has
DIVISION	OR ATTENDING	DIRECTOR: After

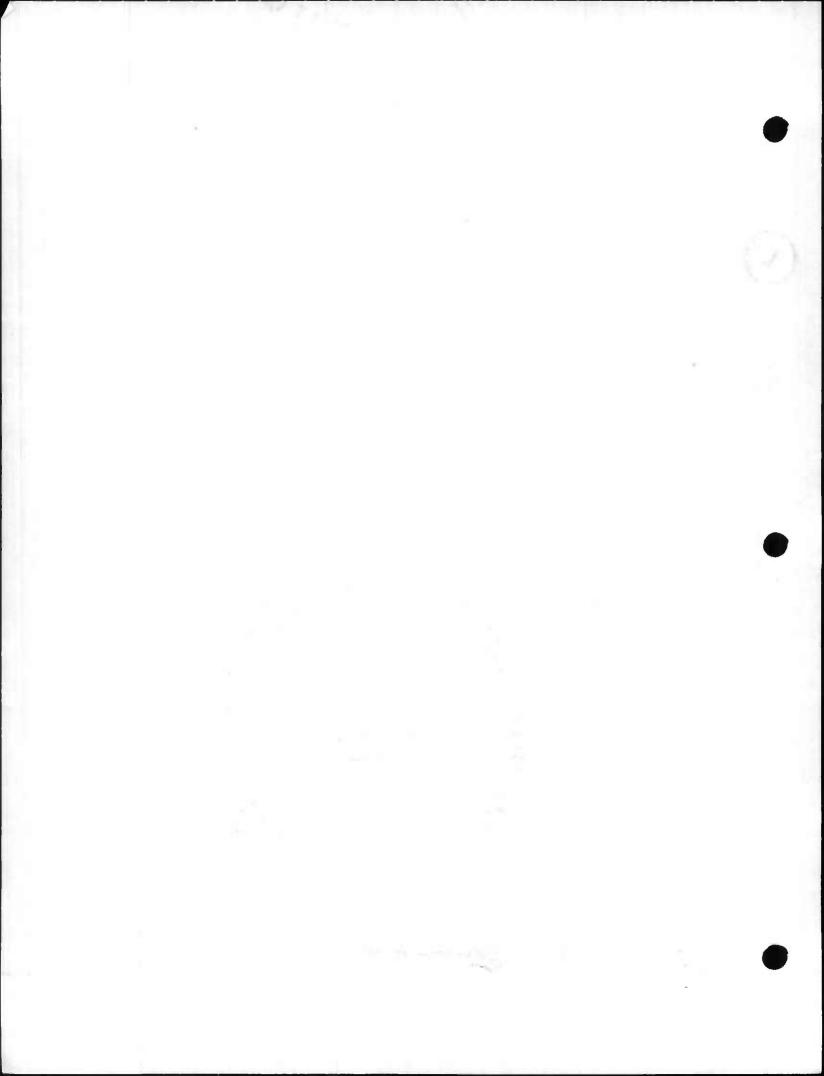
	1 - FOR STATE REGISTRAR	STATE OF M		) / DEPAR					ENTAL HYGIEI		50	
	1. DECEDENT'S NAME (First, Middle, Last) TASHIA	Tashia	lavas	hia SMIT	Smi	th			2. DATE OF DEATH MONTH 2 1	I 1	9 9 3	3. TIME OF DEATH 11:00 A
	4. SOCIAL SECURITY NUMBER 219-78-5560	1X M 2 🗆 F	6. AGE (In yrs	. last birthday) YRS.	IF UNDER	DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/28/19	73	Count	IPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give s SINAI HOSPITA RESIDENCE OF DECEDENT						IMORE		тн	9c. COU	NTY OF D	PEATH
DIRECTOR	MARYLAND 106. COUNTY	,	-	10c, CIT	P, TOWN OF		MORE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	4602 MAINE AV						1. ZIP CODE 212				US	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	ARMED XNO	lt lt	yee, sp	ENDENT OF F ecity Cuben, I 2 X NO	Mexican,	ORIGIN? (Specify Ye Puerto Ricen, etc.)	e or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a.	DECEDENT'S (Give kind of life. Do NOT us	work done di	CUPATIO	ON ast of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Warren Smith						Je	an	E (First, Middle, Maider Lewis			<u> </u>
2	190. INFORMANT'S NAME (Type/Print)  Jean Stuckey								ute Number, City or To			07.005
	20a. METHOD OF DISPOSITION  1 Department of the Control of the Con	oval from State	20b. PLA cemetery,	CEAND DATE OF COMPANY OF CO	OF DISPOSIT	TIÖN /Na	me of			CATION —	Cify or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	In	4	22. N	IAME A	Y O.	OF FACIL DYE		N FU	NER	AL HOME
	23. PART K Errer the diseases, or of shock, or heart feature.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	HEAD IN	IJURIE	S	not enter t	the mo	de of dying	, such	es cerdiec or resp	iretory an	rest,	Approximate interval Between Onset and Death
CENTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CON	SEQUENCE OF	F):	<u>/</u>						
THEOREM: MEDICAL	PART II. Other significent condition	contributing to d	eath but no	ot reculting	in the und	deriying	g ceuse give	en in Pe	PERFO	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  Yes 2 \( \square\) NO
יוניים	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  11/2 YES 2 NO	HOSPITAL:	EB/Outnetland	3 🗆 004	OTHER	:	ACE OF DEAT					
	27. MANNER OF DEATH  1 Netural 5 Pending	26e, DATE OF IN		26b. TIM	1	28c. INJ	URY AT	2	Other (Specify)  Bd. DESCRIBE HOW  EDESTRIA		CURED L'RUC	K BY UNKN
I ED DI	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF STREET	INJURY — At	home, term, i	RTY	ry, offic			81. LOCATION (Street City or Town State Ave Bal	timor	or Rural F	berty Heigh
COUNT ELLICE		CIAN: To the beat of m						d dua to	the cause(a) and me	nner se stat	ed.	) and menner as stated.
	290. SEMATURE AND TITLE OF CERTIFIER		7.1				29c. LICENS					(Month, Day, Year) 12 1993
1	30. NAME AND ADDRESS OF PERSON WHO	ve ,JKA	10111	Penr		ree	t, Ba	alti	imore, N	lary	Land	21201
	FEB 1 6 1993	32 BEGISTRAR	S SIGNATURI	10								



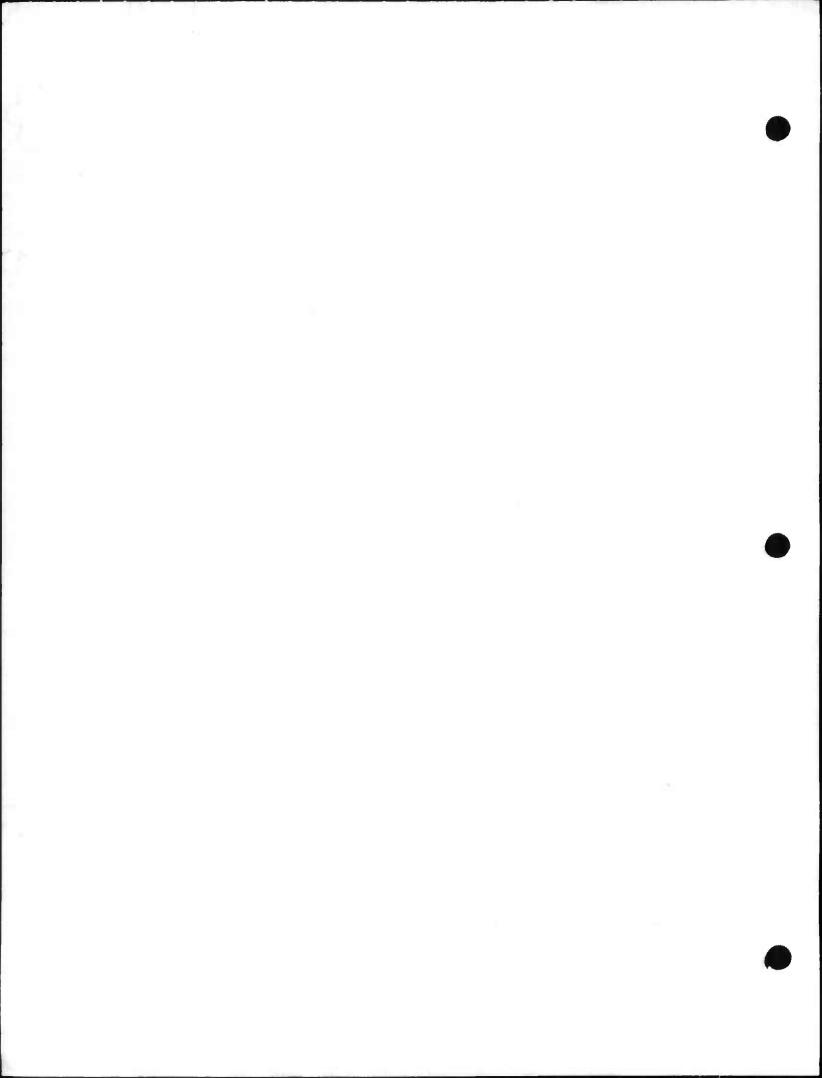
	1. DECEDENT'S NAME (First, Middle, La	*							2. DATE (	OF DEATH	ΑY	YEAR	3. TIME OF DEATH
	DAVID WA						,		02	12		993	7:58 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	**	IF UNDER	1 YEAR DAYS	HOURS	4 HRS.	(Month,	Dey, Year)		8. BIRTH Country	PLACE (State or Foreign)
	214-78-7203	1 X M 2 - F	35	YRS.						_/13/			Virginia
œ	9a. FACILITY NAME (If not institution, garden THE JOHNS I		SPTTAL			LITM	OR LOCATION	CITY			9c. COUN		EATH MORE
5	RESIDENCE OF DECEDENT		OI IIIII				10112						
DIRECTO	10a. STATE 10b. COL	INTY		10c. CI1	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?
	Maryland						Ba	alti	mor	e			1 X YES 2   NO
FUNERAL	106. STREET AND NUMBER					101	. ZIP CODE	040			10g. CITIZ		HAT COUNTRY?
INE	4801 Crowson	Avenue	NT EVER IN II C	ADMED	1 40 4			212				US.	
	1 Never Married 2 Married	FORCES?	YES 2			f yes, sp	ecity Cuban,	Mexican,		(Specify Yellican, etc.)	s or No-	Black	— American Indian, , White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE	WAN ON DATES		,	U YES	2 XNO	Specify:				Specif	White
ED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)		DECEDENT'S			ON st of working		16b.	KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		Ille. Do NOT u	se retired.)								
COMPL	12th			Sł	ioe S	Sal	esmaı	n	R	letai	1 Sh	oe .	Sales
္ပ	17. FATHER'S NAME (First, Middle, Lest)		- C	L 1_			18. MOTHE			liddle, Meiden		Μ.	1
BE	Charles  190. INFORMANT'S NAME (Type/Print)	Anthony							Bett	7	ean		rple
ရ	Charles A. Sm	vi th								er, City or Tow			- 7
	20a. METHOD OF DISPOSITION	II CII	20h BL 40	KE.				Kaw		igs,		215	
	1 Donation 5 Other (Specify)		cemetary,	cremetory or o	other place)	t o m	me or	2	0ATE	20c. LO	Roll +		re, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSER /	2//	10 01	22.1	NAME AN	ND ADDRESS	OF FACIL	JTY				
	George E.		my		Cı	rema	ation	n So	cie	ty o	f Md	٠,	Inc.
	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pre	at caused the use on each if	ne.	not enter	the mo	de of dyln	g, such	an card	lac or reap	lratory arre	pat,	Approximate interval Bets Onset and D
CERTIFICATION	shock, or heart failure in the state of the	a. Pre Due To  b. A Due To  c. OUE To	O (OR AS A CONS	SEQUENCE O	not enter	the mo	de of dyln	g, such	aa cardi	ac or reap	iratory arre	pat,	Approximate interval Betv Onset and D
: MEDICAL	shock, or heart failured in the state of the	a. Pre Due To  b. A Due To  c. OUE To	O (OR AS A CONS	SEQUENCE O	not enter	the mo	de of dyln	g, such	aa cardi	ac or reap	I AUTOPSY	oat,	Approximate interval Betwonset and D UNKNO  WERE AUTOPSY FIND  AMAILABLE PRIOR TO
: MEDICAL	shock, or heart failure in the state of the	a. Property one ce a. Property one ce a. Property one to oue to oue to d.	O (OR AS A CONS	SEQUENCE O	not enter  PF):  PF):  In the un	deriying	de of dyln	g, such	art I.	24a. WAS AN PERFOI	I AUTOPSY	oat,	Approximate interval Betw Onset and D UNIKNOV WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
SICIAN: MEDICAL	Shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. Property one ce  a. Property one ce  a. Property one ce  b. Due to  c. OUE TO  d. HOSPITAL:  1   Impetient 2	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF SEQUENCE OF THE SE	OTHER	deriying	g cause gl	g, such	art I.	24a. WAS AN PERFOI 1 YES 1	I AUTOPSY	oat,	Approximate interval Betw Onset and D UNIKNOV WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. Property one ce  a. Property one ce  a. Property one ce  b. Due to  c. OUE to  d. HOSPITAL:  1   Inpetient 2    25s. DATE O	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE O	OTHER 4   Num	derlying 26. PL 3: sing Hom 28c. INJ	g cause glu	yen in Pa	art I.	24a. WAS AN PERFOI 1 YES 1	AUTOPSY MMEO?	24b.	Approximate interval Betwomet and D  UNICHO  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 11 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigati	a. Property one ce  a. Property one ce  a. Property one ce  b. Due to  c. OUE to  d. OUE to  d. HOSPITAL: 1   Inpetient: 2  26s. DATE Of (Month, in on)	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF SEQUEN	OTHER 4   Num	derlying 26. PL 8: sing Hom 28c. INJ 1 1 1	g cause glu	yen in Pa	art I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMEO?	24b.	Approximate Interval Betwoment and D  Uniknot  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	a. Properties to be be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be beliefed as properties to be be be beliefed as properties to be be be beliefed as properties to be be be beliefed as properties to be be be beliefed as properties to be be be be be beliefed as properties to be be be be be beliefed as properties to be be be be be beliefed as properties to be be be be beliefed as properties to be be be be be beliefed as properties to be be be be be beliefed as properties to be be be be be be be beliefed as properties to be be be be be be be be be be be be be	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF SEQUEN	OTHER 4   Num	derlying 26. PL 8: sing Hom 28c. INJ 1 1 1	g cause glu	yen in Pa	art I.  Confy one Other	24a. WAS AN PERFOI 1 YES 1	AUTOPSY MMEO?  NO  INJURY OCC  and Number	24b.	Approximate Interval Bets Onset and C UNICHO!  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH   Netural 5 Pending   Investigate   Netural   Pending   Investigate   Netural   Pending   Investigate   Outd not   determined	b. DUE TO  DUE	D (OR AS A CONS D (OR AS A CON	SEQUENCE OF SEQUENCE OF THE SE	OTHER 4 Num RE OF JURY M	deriying  26. PL  3: sing Hom  28c. INJ  1 1	g cause glv	yen in Pa  ATH (Check Idence B	art I.  Other City of	24a. WAS AN PERFOI   1 YES 2 (Specify)   CRIBE HOW I	AUTOPSY MMEO?  NO  INJURY OCC  and Number of	24b. UREO	Approximate Interval Betwoment and D  Uniknot  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 2 Accident 3 Suicide 4 Homicide 6 Could not determine  29e. CERTIFIER (Check only)  CERTIFYING PR	b. DUE TO  DUE	DO (OR AS A CONS DO (OR	SEQUENCE OF SEQUENCE OF THE SE	OTHER 4 Num RE OF JURY M street, factored at the til	deriying  26. PL  3: sing Hom  28c. INJ  1 1 1	g cause glv  ACE OF DEA  TO S   Real  URK AT  YES 2    end place, e	yen in Pa  ATH (Check Idence 8	art I.  Confy one Other Bef. LOCA City o	24a. WAS AN PERFOI   1 YES 2	AUTOPSY RIMEO?  INJURY OCC  and Number of	24b. UREO or Rural R	Approximate interval Betwonset and Dunkers  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH   Netural 5 Pending   Investigate   Accident   Pending   Investigate   Check only   One)   MEDICAL EXAMINER   MEDI	B. Due To  b. Due To  c. OUE To  d. HOSPITAL: 1   Inpitient 2   25s. DATE Of (Month, if the best of the basis	DO (OR AS A CONS DO (OR	SEQUENCE OF SEQUENCE OF THE SE	OTHER 4 Num RE OF JURY M street, factored at the til	deriying  26. PL  3: sing Hom  28c. INJ  1 1 1	g cause glu  ACE OF DEA  TO S   Real  URY AT  PRES  e end place, a	yen in Parameter i	art I.  k only one Other ted. DESC	24a. WAS AN PERFOI   1 YES 2	AUTOPSY RIMEO?  INJURY OCC  and Number of	24b. UREO or Rural R	Approximate interval Betw Onset and D UNIKNON  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 2 Accident 3 Suicide 4 Homicide 6 Could not determine  29e. CERTIFIER (Check only)  CERTIFYING PR	B. Due To  b. Due To  c. OUE To  d. HOSPITAL: 1   Inpitient 2   25s. DATE Of (Month, if the best of the basis	DO (OR AS A CONS DO (OR	SEQUENCE OF SEQUENCE OF THE SE	OTHER 4 Num RE OF JURY M street, factored at the til	deriying  26. PL  3: sing Hom  28c. INJ  1 1 1	g cause glv  ACE OF DEA  TO S   Real  URK AT  YES 2    end place, e	yen in Parameter i	art I.  k only one Other ted. DESC	24a. WAS AN PERFOI   1 YES 2	I AUTOPSY RMEO?  INJURY OCC end Number of the day of th	24b.  UREO or Rural R	COMPLETION OF CAU
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failu  IMMEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH   Netural 5 Pending   Investigate   Accident   Pending   Investigate   Check only   One)   MEDICAL EXAMINER   MEDI	B. Due To  b. Due To  c. OUE To  d. HOSPITAL: 1   Inpitient 2   25s. DATE Of (Month, if the best of the basis	D (OR AS A CONS D (OR AS A CON	SEQUENCE OF SEQUEN	OTHER 4 Num  Note of Juny M  street, factored at the till on, in my of	deriying  26. PL  3: sing Hom  28c. INJ  1 1 1	g cause glu  ACE OF DEA  TO S   Real  URY AT  PRES  e end place, a	yen in Parameter i	art I.  k only one Other ted. DESC	24a. WAS AN PERFOI   1 YES 2	I AUTOPSY RMEO?  INJURY OCC  and Number of the distribution of the	24b.  UREO or Rural R	Approximate Interval Betw Onset and D UNIKNO)  WERE AUTOPSY FIND AMAILABLE PRIOR TO GOMPLETION OF CAU OF DEATH?  1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		3.	TIME OF DEATH
	HERBERT	Ti		STA	ANFO	RD			MONT 0 2	11	199	YEAR	:55 P M
		5. SEX	S. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER			OF BIRTH			CE (State or Foreign
	215-16-0115	1 M 2 F	104	YRS.	MONTHS	DAYS	HOURS	MIN.	3	h, Day, Your	-118	PLAN	elanto
	9a. FACILITY NAME (If not institution, give street		-67		9b. CITY,	TOWN C	OR LOCATIO	ON OF DE	EATH	-0-7	9c. COUN	TY OF DEAT	H - HEVI
CTOR	2568 W. LAFFAYE	ETTE AV	E	ļ	BA	LTI	MORE	3					
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY												
DIRE	10e. STATE 10b. COUNTY			10c. SIT	TOWN O	R LOCAT	ION						I. INSIDE CITY
1				1	AH	m	DRE						YES 2 NO
RAL	100. STREET AND NUMBER	-	- 1			101.	ZIP CODE	16			10g. CITIZ	EN OF WHA	COUNTRY?
NER	4700 W. HAI	N/5/15	- NIA	2		4	-11	.10				621	4
FUN	11. MARITAL STATUS 1. Never Married 2 Merried	FORCES? 1	EVER IN U.S. ARI	MEĎ IO	13. W	WAS DEC	ENDENT O	F HISPAN	VIC ORtGI	17 (Specify Y Rican, etc.)	ee or No-	14. RACE — Black, W	American Indien, hite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2 00 NO					237	912
E	15. DECEDENT'S EDUCAT		16a, DE	CEDENT'S	USUAL OC	CUPATIO	M		161	KIND OF B	USINESS/INDL	1/4	TUR
	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	tve kind of w Do NOT us	rork done di	uring mos	st of working	g		^	1 0		- 0.
릴			(	15	RK					NUIF	9/9E	CUR	19
COMPL	17. FATHER'S NAME (First, Middle, Last)	-			. ,		18. MOTH	ER'S NA	ME (First,	Middle, Meide	n Syrneme)		/
l iii l	(950RGE STAN	VIORD	>				10	LAN	MH	E 7	Tohn	nan	1/
0 8	190. INFORMANT'S NAME (Type/Arint)	1/	196	MAILING	ADDRESS	(Street a	nd Number	or Rund I	Rotte Num	ber, City or To	wn, State, Zie	Code)	
	MRDIAV (V	ADDV	1 2	29%	41	Va	Rto	IK	A	15.	Bn271	MD	21215
	20e, METHOD OF DISPOSITION  1 Durtal 2 Commettein 3 Remove	at town 100m	20b. PLACE A	NODATEO	DISPOSI	TION /Wil	mear	-,,	DAY	E / 20c. L	OCATION - C	By or Town,	State
	Donation 5 C Ottos Specify		AR	347	15/	Y/51	mi	PK.	211	19/3	DRE	411114	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	/		22. N	AME AN	D ADDRES	9 95.74	guty /	II II	A FED A	Thom	- PA.
	1 Van 197	March	_	-	12	295	XI	63	11/2	140	VOPICI/	11011	201777
	23. PART I. Enter the diseases, or con	mplications that	caused the de-	eth. Do n	ot enter I	the mod	de of dvir	ng, suci	h as can	liac or res	2 VAH	9,77/6	Approximate
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	st only one caus	e on each line.	Č.	-2-3-0-2-0					0.	and and		intervei Batween
	disease or condition	ARTERI	OSCIE	Port	1. (	AR	DIAV	ACC	111.144	2 019	SEASE	3	Onset and Death
	resulting in death) a	DUE TO (	OR AS A CONSEC			M	VIOI	nsc	VIVI II	- Vi	301300		
z	C &												
읦	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF	):								
2	CAUSE (Disease or injury												
E	that initieted events resulting in death) LAST	DUE TO (C	OR AS A CONSEO	UENCE OF	):								
CERTIFICATION	d.												
اب	PART ii. Other significant conditions of	contributing to d	eath but not re	sulting is	n the und	lerlylng	ceuse g	lven in	Part i.	24a. WAS A		24b. WE	RE AUTOPSY FINDINGS
2											RMED?	AM	ILABLE PRIOR TO IPLETION OF CAUSE
										1 TYES	2 NO	OF	DEATH?
2									-			1	YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		-			26. PL	ACE OF DE	ATH (Che	ack only or	m)			
Sic		OSPITAL:	ER/Outpatient 3		OTHER:		5 X Res						
主	27. MANNER OF DEATH	28e. DATE OF th	JURY	28b. TIME	OF 2	28c. tNJL	JRY AT	HOSTICS		1 7 77	INJURY OCCL	JRED	
D	1 Natural 5 Pending	(Month, Day,	Year)	MJC	JRY M	WOF	RK? ES 2	NO					
				ne, term, at	reet, factor	ry, office	,		28t. LOC	ATION (Street	end Number o	r Rural Aouts	Number,
BY	2 Accident Investigation	28a. PLACE OF	INJURY - At hon							or Town, State	-1	BALT	) MID
ED BY	2 Accident Investigation	28a. PLACE OF building, et	c. (Specify)	HOMI	3				256	8 W.	LAFF	AYET'	re Ave
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, et	c. (Specify)	HOMI	-	ne, date i	and piece	and due			LAFF		PEMAVE
ED BY	2 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	AN: To the best of m	v knowledge, des	HOMI	d at the tim				to the car	se(a) and me	LAFF.	ı.	
COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	AN: To the best of m	v knowledge, des	HOMI	d at the tim		ath occurs	d at the	to the car	se(a) and me	LAFF.	d. ceuse(e) en	I manner ee stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	AN: To the best of m	v knowledge, des	HOMI	d at the tim			ed at the	to the car time, date	se(a) and me	LAFF.	1. ceuse(e) en	d manner ee stated.
COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	AN: To the best of m	y knowledge, dea	HOMI	d at the tim		29c. LICE	ed at the	to the car time, date	se(a) and me	LAFF.	d. ceuse(e) en	d manner ee stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	AN: To the best of m	or DEATH (ITEM	HOMI	d at the time	ínion, de	29c. LfCEF	NSE NUM	to the care time, date	and place, e	LAFF.	1. ceuse(e) en SIGNED (Mo	d manner ee stated.  hth, Day, Year)  1.993
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	On the best of m	or, (specify)  y knowledge, dea minstion end/or in  OF DEATH (ITEM	HOMI  occurred  nivestigation  1 27) (Type, 1	d at the time	ínion, de	29c. LfCEF	NSE NUM	to the care time, date	and place, e	LAFF.	1. ceuse(e) en SIGNED (Mo	d manner ee stated.  hth, Day, Year)  1.993



## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSLOTAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this confidence, has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death wife the state of the print and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is granted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

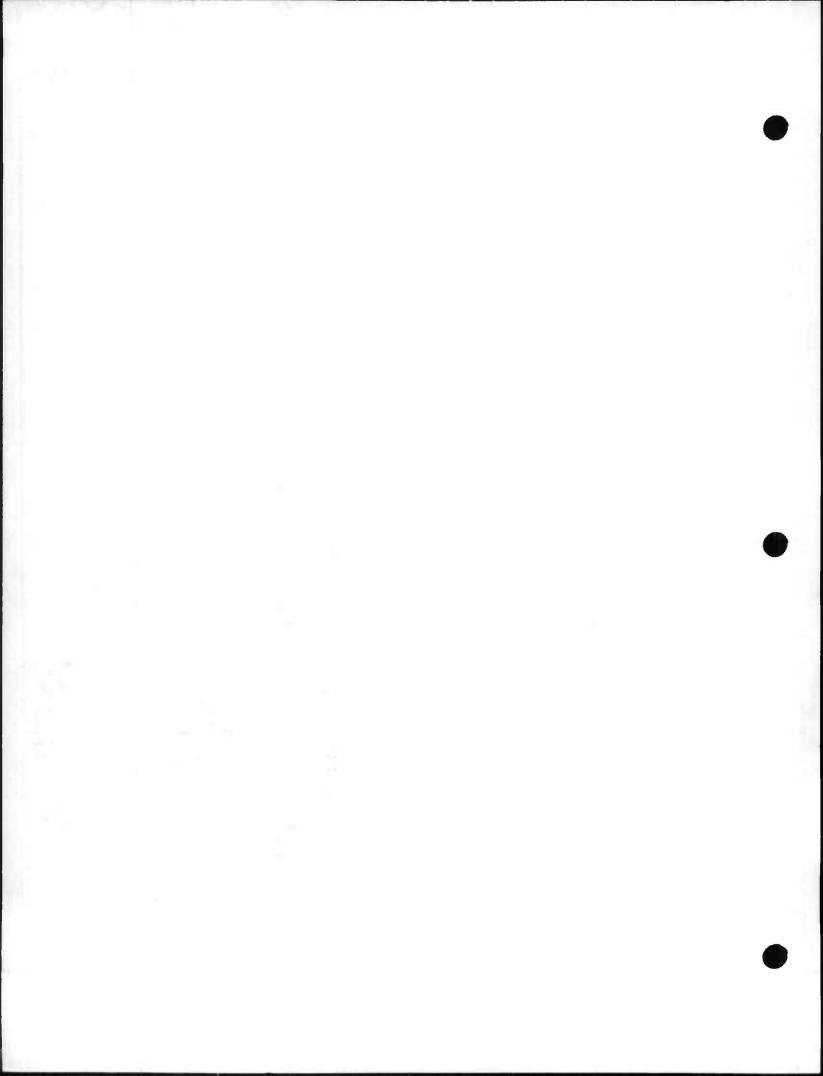
			TOME		HEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  SINGLE TO H. WILLIE SR. 2. DATE OF DEATH MONTH DAY YEAR (Q)										
	214-68-28/3 1×M20F	GE (In yrs. last birthday)	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	57	puntry) Par				
NG.	BUN SECURS H	1542	9b. CITY, TOY	N OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH				
5	RESIDENCE OF DECEDENT	1111	1277	////		7//5					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CI	Poak	cation .		10d. INSIDE CITY LIMITS? 1 TYES 2 NO					
FUNERAL	2/09 Band Str	cet		101. ZIP CODE 2/2	23	10g. CITIZEN OF WHAT COUNTRY?					
2	11. MARITAL STATUS   12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS		IIC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divorced IF YES, GIVE WAR C			ES 2 NO Specify			Specify: BLACK				
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT' (Give kind of	work done during	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	RY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Da(NOT	SAS/E								
	17. FATHER'S NAME (First, Middle, Last) WILLE Singleton			16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	163				
TO BE	SUSAN Singleton	19b. MAILIN	G ADDRESS	and Number or Rural I	Poute Number, City or Tow	n, State, dip Code	1233				
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name) DATE  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1 22 444	AND ADDRESS OF FA	70	enacre	e, 14a.				
	· Jeff Mille	-	2	effmil	lex F/H						
	23. PART LÉnter the diseases, or complications that can shock, or heart failure. List only one cause of	lead the death. Do	not entar the	mode of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate				
	interval Between IMMEDIATE CAUSE (Final disease or condition										
	resulting in death)  a Dive TO (bp. As a consequence op):										
NO	Sequentially list conditions, if any, leading to immediate										
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.										
	PART II: Other significant conditions contributing to deal	h but not resulting	In the underl	ring cause given in	Part i. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
S	1 Michael	wear o	LAG		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICAL					1 YES 2	No.	DF OEATH? 1 TYES 2 NO				
PHYSICIAN:											
SIC	28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  YOSPITAL:  OTHER:  OTHE										
	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJU (Month, Dey, Ye		WE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURE					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJ building, etc. (	URY — Al home, tarm, Specify)			281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,				
PLET	29a. CERTIFIER (Check only	nowledge, death occur	red at the time, o	eta and placa, and dua	to the cause(a) and man	ner as stated.					
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of examin						se(a) and manner as stated.				
TO BE	29b/ SIGNATURE AND TITLE OF CERTIFIER	1 sem	( M.O.	29c. LICENSE NUM	10ER 2263	P Z	NED (Month, Des. West)				
	30, NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE DE	DEATH (ITEM 27) (Typ	200t	) W:	Baltin	MAYS	M /21223				
	31. DATE ELED (Month, Day, Year)	IGNA POR LAND	We.								

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<b>MORE, MARYLAND 21215-0020</b>	ndin
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

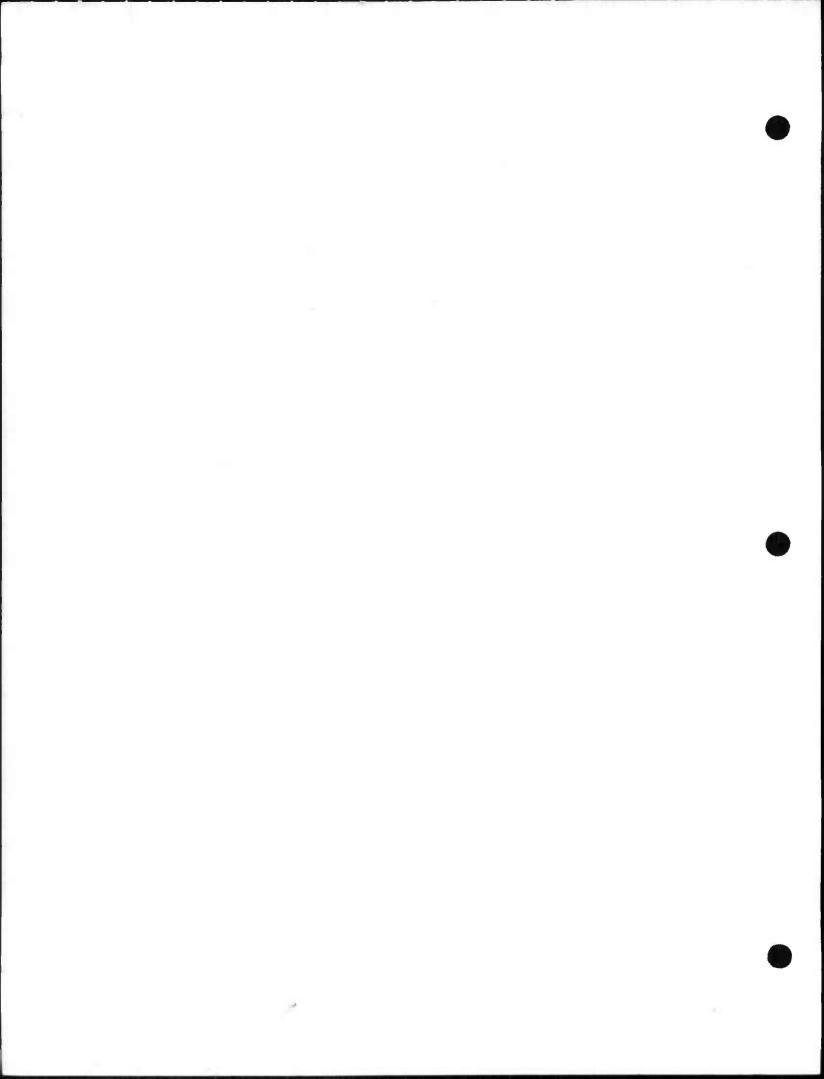
	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)	noTAV F	900	NCF		2. DATE OF DEATH	310	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-78-7878	5. SEX   6. AGE (In yrs.		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Moeth, Dey! (bar) (Moeth, Dey! (bar)				
4	9a. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH		
TOR	RESIDENCE OF DECEDENT	pivel		But	MIN		Ba	Itimore		
DIRECTOR	10e, STATE 10b, COUNTY		11.0	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	LLD 100, STREET AND NUMBER		Be	reumor	ZIP CODE		Man CITITEN	1 X YES 2 NO		
FUNERAL	230 S Herri	NG COWUT			21231		10g. CITIZEN OF WHAT COUNTRY?			
	11. MARNITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		It yes, spe	ecity Cubpa, Mexic	NIC ORIGIN? (Specify an, Puello Rican, etc.)	fes or No- 14,	RACE American Indian, Black, White, etc.		
) BY	3 Wildowed 4 Divorced			1 TES	2 AND Speci	ny:	7	SLACK		
TE	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	Give kind of workille. Do MOT use n	k done during mo.	ON st of working	16b. KIND OF E	USINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	CAB	F		To	のロ			
	17. FATHER'S NAME (First, Middle, Last)	n AT	2.7542.855		16. MOTHER'S N	AME (First, Middle, Maid	en Syrnaghe)			
BE (	IS IN CHMANT'S NAME (Type/Print)	112	19b. MAILING AC	DOMESS (Street o	and Number or Flumi	Route Murgates: City or 1	Dwn, State, Zip Coo	No.		
2	TARIS SUR! 1-1	TROUN	4007	7 E/	DORADO	AVE	BATIA	10,21215		
	METHOD OF DISPOSITION  1 A Buriel 2 Cremation 3 Remove  4 Donation 5 Opper (Specify)	val from Stafe	MAND DATE OF	DISPOSITION (No	in / PK	2/1/1/20	DOCATION & CHY	Town, truta		
	21. SIGNATURE OF EGNERAL SERVICE LICE	MSES	001	22. HAME AN	ID ADDRESS OF FA	REA FUNE	pa/40	INF. TH.		
Д	1/2 / //	and		270	FREDH	Don Pa	SS PAL	T.MD21229		
		emplications that caused the lat only one cause on each il	death. Do not ine.	enter the mo	de of dying, suc	ch as cardiac or res	spiratory arrest,	Approximate Interval Between		
	IMMEDIATE DAUSE (Finel									
	resulting in death)  a. Light atom 10 Suff with but to (or as a conseduence DF):									
NO	Sequentially list conditions,  Due TO (OR AS A CONSEDUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING									
TIF	that initiated events  resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
CE	d.	7103								
DICAL	PART II. Other aignificant conditions	contributing to death but no	t resulting in	the underlying	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI						1 TYES	2 ND	OF DEATH?		
Z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (C					
PHY:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		6 Other (Specify) 28d. OESCRIBE HOY	V INJURY OCCURI	ED		
8 I	Netural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At building, etc. (Specify)	home, farm, stre	et, tactory, office		28f. LOCATION (Stree City or Town, Sta	et and Number or F te)	lural Route Number,		
COMPLETED		IAN: To the best of my knowledge,						J. 1. 7. 11. 1		
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination and/	or investigation,	in my opinion, d						
BE C	monus	( Hauses lott)	)		29c. LICENSE NU	MOEK	DATE SIG	SNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I						1.1.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1212	-02						
	FEB 16 1993	1								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

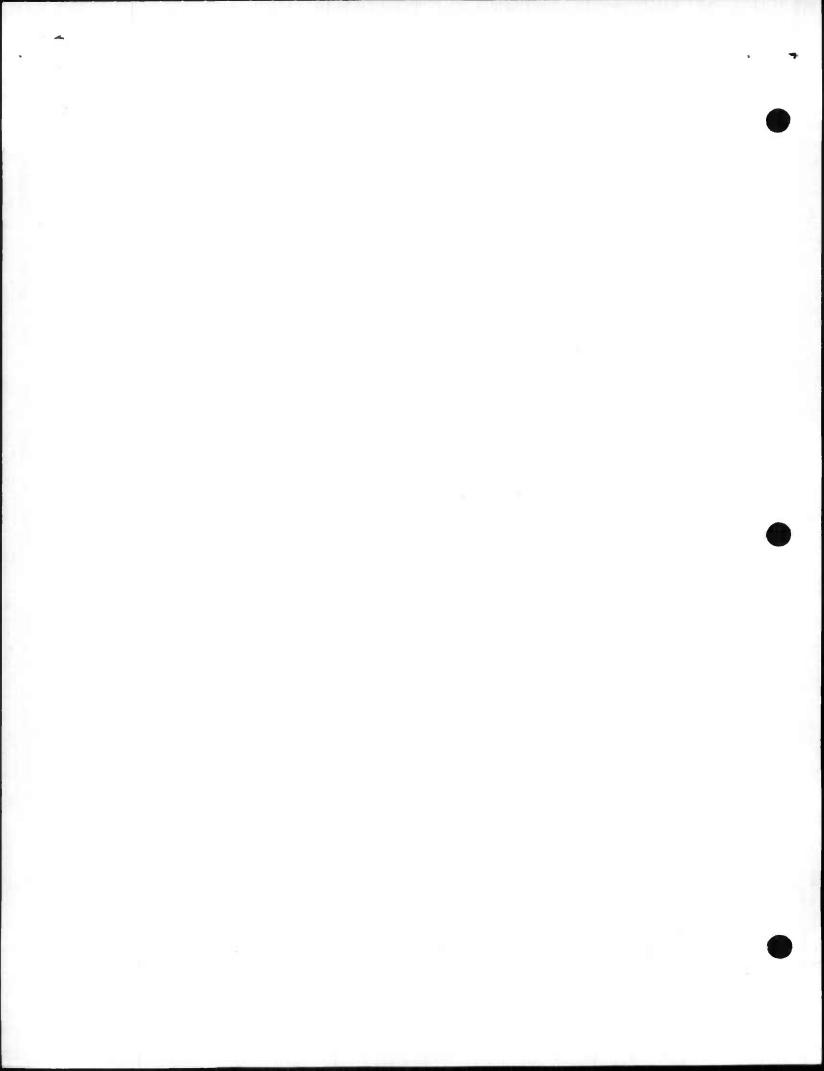
BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	12.	7	3. TIME OF DEATH	
	MARY PAUL:	INE STAU	JB							YEAR	1:28 pM	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTN			LACE (State or Foreign	
	213-42-1393	1 🗌 M 2 🔀 F	93	YRS.				11-0	)	Country)	MD.	
~		MARY PAULINE STAUB  SECURITY NUMBER  3. SECT SAME A AGE (in yet has brinder)  3. SECTION TO AND AGE OF THE SECTION OF THE SECT	TY OF DEA	ATN								
2		5				TOWSON			E	BALT	0.	
<u> </u>		Υ		10c CIT	V TOWN OR L	CATION						
DIRECTOR	ECONOMICS			-							Od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TIIIO.		15.	ALTO.						YES 2 NO	
FUNERAL	-C1-C1-07-10-0-10-0-0-0-1-1-0-1	VALLEY H	RD.				4		1	J.S.Z		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN	? (Specify Ye	or No—	14. RACE -	- American Indian,	
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAF	OR DATES	0	1 🗆	, specify Cuban, Maxie YES 2 NO Spec		Ican, etc.)		Specify:	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(Gh	re kind of	work done during	ATION most of working	16b.	KIND OF BU	SINESS/IND	JSTRY	WILLE	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho.	Do NOT u	se retired.)							
N N				HO	MEMAK!					CR		
Ö	The state of the s	פווגיים										
BE		SIAUD	100									
2			196								WD 21002	
į	20a METHOD OF DISPOSITION		001 01 105 1									
	1 ☐ Burial 2 A Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	ANE	EY VAL. MEM. GDNS 2/16 TIMONIUM MD,.									
	21. SIGNATURE OF FUNERAL SERVICE LI				22. NAM	AND ADDRESS OF F	ACILITY					
	William	K. Pav	es III									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reenicatory errest.											
									Interval Between Onset and Death			
z												
CERTIFICATION	If any, leading to immediate											
	CAUSE (Disease or Injury	E. DUE TO YOU	R AS A COMMEC	IRMS OF	ec.							
Ē	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
5												
礻	PART II. Other significant condition	s contributing to de	eath but not re	sulting i	in the underl	ying cause given in	n Part I.				ERE AUTOPSY FINDINGS	
DICAL	- Horiste	2000	ort 5	1.	-					00	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATHT	
₩.				7	02024						YES 2 NO	
ä			/	)			_				P-1	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MORBITAL	/	1		PLACE OF DEATH (C	hack only one			-		
1S	1   YES 2   HO		NOUSpetient 3/	DOA		fome 5 🗆 Residence	6 🗆 Other	(Specify)				
BY PHYSICIAN: ME	27. MANNER OF DEATH	28s. DATE OF IN.	JURY Year	29h. TIM	E OF 28c.		28d. DESC	RIBE HOW I	NJURY OCCU	MED		
≿				0.00	W 1							
9	3 Suitcide 6 Could not be 28s. PLACE OF INJUSY — At home, form, street, factory, office 28s, LOCATION (Street and Mumber or Runs Route Number									te Number		
COMPLETED		)/	ASSOCIATION									
ᆲ	Check only CERTIFYING PHYS	CIAN: To the best of my	Spowledge, den	th occum	od at the time, d	lets and place, and du	o to the caus	e(s) and man	ner se state	5.		
8	(MI) 2 MEDICAL EXAMINE	R: On the bests of Zan	stnation and/or se	estigatio	er, in my opinio	s, death occured at the	e time, date e	nd place, an	d due to the	ceuse(s) ar	nd manner sa stated.	
21	296. SIGNATURE AND TITLE OF CERTIFIE		_									
BE									b 2	100	95	
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Ypn.	Print)	1			- /	1	- 5	
	EDDIE NAKHUDA					ALLEY R	D. B	ALTO.	, MD.	210	093	
/						undurential di	1780Z (1780Z				n i molec	
	FEB 1 6 1	193 gulia	, Devident	-North								



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as		ಕ
	y the h	be deta		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	tained	Should		fiffed
î	ay be re	Dage 5		be no
	ge 6 m	irector.		r must
	ath. Pa	ineral d		amine
	after de	y the fi	moval.	ical ex
	1 DOURS	fled in t	n, or rer	bem a
	vithin 24	pletely fi	remation	ent, the
	ecuted v	nd com	ourial, c	itic ev
	be ext	ician ar	rior to t	trauma
	ertificate	ng phys	giene p	other
	death o	attend	ental Hy	iry, or
	hat the	d by the	and M	ny inju
	quires t	n signe	f Health	DWS 3
	e law re	has bee	Dept. o	23 sh
	IAN: Th	tificate	e State	r item
	PHYSIC	this cer	with th	rked, c
	NDING	: After	r death	Is mai
	R ATTE	RECTOR	urs afte	ım 28
	PITAL 0	FRAL DI	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	E If Ite
	E HOS	HE FUNE	M within	BETAN
	2	10	be file	IMPC

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT	OF HE	ALTH AN	D MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-						E OF DEATH		3. TIME OF DEATH	
	Betty Lee Si	naw					Feb	ruary 12	YEAR 1993		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	în yrs. lest birthday)	IF UNDER		IF UNDER 24 HF	s. 7. DAT	E OF BIRTH	8. BIR	THPLACE (State or Foreign	
	220-20-2701	<sup>1</sup> □ M <sup>2</sup> 🖾 F 65	YRS.	MONTHS	DAYS	HOURS MI		-28-1927		ryland	
~	9e. FACILITY NAME (If not institution, give str			1		LOCATION O		1	c. COUNTY OF	DEATH	
DIRECTOR	Baltimore County	General Ho	spital	F	Randa	11sto	wn		Balt	imore	
E C	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OF	R LOCATIO	IN .				10d. INSIDE CITY	
뜸	Maryland Car	rroll			rsbu					LIMITS?	
AP.	10s. STREET AND NUMBER			Dide	-	IP COOE		1	log. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	5710 Oakview	v Drive				21784			U.S	Δ	
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. W	AS DECEN	DENT OF HIS	PANIC ORIG	IN? (Specify Yea or	No- 14. RA	CE - American Indian.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1	Yes, speci	Y NO Sp	xican, Puarto ecify:	Rican, etc.)		ick, White, atc.	
	15. DECEDENT'S EDUC	ATION								White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	16a. DECEDENT'S (Give kind of side. Do NOT us	work done de	cupation uring most	of working	16	b. KINO OF BUSIN	ESS/INDUSTRY		
7	12 years	Cotlege (1-4 or 5+)	Bookkee	nor -l	Hay	epins C	0				
ō	17. FATHER'S NAME (First, Middle, Last)		DOURKEE	ber 4			NAME (First	Middle, Maiden Sur	zame)		
BEC	Fenton Buppert							a Cook			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and	Number or Ru		nber, City or Town, S	State, Zip Code)		
F	Mr. Glenn M. Shaw	ī	5710	0akv	view	Drive	E1d	lersburg	, MD	21784	
	20a. METHOD OF DISPOSITION  TO Burlel 2 Gremation 3 Gremoval from State  20b. PLACE AND OATE OF DISPOSITION (Name of cemetery, crematory or other place)  DATE 20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)	L	ake View	Memo				-93 Syke	sville	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	1 4	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.							
	suplier /	1 your	ens	872	28 Li	lberty	Road	Randa1	1stown	, MD 21133	
	23. PART I. Enter the diseeses, or co shock, or heart failure. L	mplications that caused	the death. Do r	ot enter t	he mode	of dying,	ouch as ce	diec or respiret	ory srrest,	Approximets	
	IMMEDIATE CAUSE (Final	0 /	ron mia.							Interval Between Onset and Death	
	resulting in desth) s. Suplyseura										
1 3	DUE TO FOR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	my h	alu	U					
¥	if any, leading to immediate cause. Enter UNDERLYING	Chiere	is Aux	10/15							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7:							
E	resulting in death) LAST										
	PART II. Other significent conditions	contributing to death by	t not reculting i	in the read	la elulare a		to Do at				
CAL		continuenting to death of	it not resulting :	ir the und	eriying c	euse given	in Part I.	24s. WAS AN AUT PERFORME		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC								1   YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
2										1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLAC	E OF DEATH	(Check only o	ne)			
Sic	EXAMINER?	HOSPITAL: 1 🔄 Inpatient 2 🗆 ER/Outpe	itlent 3 DOA	OTHER:		5 🗌 Reelden					
=	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 2	8c. INJUR	Y AT	_	SCRIBE HOW INJU	RY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJ	M	WORK	7 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Specia	At home, farm, a	treet, factor	y, office		28f. LO	CATION (Street and	Number or Rural	Route Number,	
	4 Homicide detarmined						City	or Town, State)			
PL	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	dge, death occurre	d at the tim	e, date an	d pleca, and e	due to the ca	use(a) and menner	as stated.		
фомрсетер	one) 2 MEDICAL EXAMINER:	On the begin of examination	and/or investigation	n, in my opi	Inion, deat	h occured at	the time, det	and place, and de	is to the cause	(a) and manner as stated.	
能多	29b. SIGNATURE AND TITLE OF CERTIFIER					DC. LICENSE I				D (Month, Day, Yeer)	
TO 8	refuel A7	amondo				DZQ	506		2/12/	93	
-	30. NAME AND ADDRESS OF PERSON WHO								1 -1		
	Dr. Patrick A. Tu	rnes 1	425 Libe	rty I	Road	E1de	rsbur	g, Maryl	Land 2	1784	
	FEB 16 1993	32. REGISTRAR'S SIGNA									
	TO 1333	The local and look									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I		HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Li	est)							2. DATE OF			5275	3. TIME OF DE	EATH
	Lillian M								Feb.		1993	YEAR 3	5:00	A W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH ay, Year)		8. BIRTI Count	HPLACE (State or	Foreign
	212-22-4994  De. FACILITY NAME (If not institution, g	1 M 2 X F	90	YRS.					March	22,			aryland	
Œ	Greater Baltim		la mana m		96. CITY, T				EATH			NTY OF E		
CTO	RESIDENCE OF DECEDENT		enter		Ва	1Tt1	Lmore	5				Balt:	imore	
DIRECTOR	10a. STATE 10b. COL	JNTY		10c. CIT	Y, TOWN OR	LOCAT	ЮН						10d. INSIDE CI	ITY
	Maryland 100. STREET AND NUMBER				Ва		more						1 XX ES 2	
FUNERAL	3414 Kenyon Ave					101.	ZIP COD						WHAT COUNTRY	7
JNE.	11. MARITAL STATUS	-	IT EVER IN U.S. AR	MED	1 40 11		212					S.		
	1 Never Married 2 Married	FORCES? 1	YES 2 X	10	11	yes, spe	elify Cuba 2 X NO	n, Mexica	NC ORIGIN? (S n, Puerto Rica	in, etc.)	or No-	Blac	E — American in k, Whita, etc.	
ВУ	3- Wildowed 4 Divorced	1 120, 0112	MIN ON DATES		_   ''	1E3	Z LA NO	Specin	γ:			Spec	"Y" White	
TEC	15. DECEDENT'S (Specify only highest g	EDUCATION trade completed)	16a, DE	CEDENT'S	USUAL OCC work done du se retired.)	CUPATIO	N st of workin	10	16b. KI	ND OF BU	SINESS/IN	DUSTRY		
LE.	Elementary/Secondary (0-12) NA	College (1-4 or 5-NA	)	oo nor u					l l	Own I	Tama			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			лисша	inel		sa Morri	HED'S NA	ME (First, Mide					
Ö	John Blake								et M.					
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
F	Carole S. Reilly (Dghtr) 2123 Wilker Ave., Baltimore, Md. 21234													
	20a. METHOD OF DISPOSITION 1 Commetted Comments of Com													
	XX Buriel 2   Cremetion 3   Ramoval from State   Competery, crematory, or other place   New Cathedral Cemetery   2/18   Baltimore, Md.													
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home													
	1 Covery	Herror			97	05	Bela	ir F	Road,	Balti	Lmore	, Mc	1.21236	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one cause of such line.  Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition	0	P. 1										nd Death	
	resulting in death)	BUETO (OR AS A COMPEQUENCE OF)									4d	nys		
z		by list conditions, To. Author mys cardial 14 Lentras & the										1		
TIFICATION	If any, leading to immediate											45		
S	CAUSE (Disease or Injury	CAUSE (Disease or Injury												
E	that initiated events resulting in deeth) LAST	DUE 10	(DR AS A CONSEC	DUENCE O	F):									
S		d											<u> </u>	
ÄL	PART II. Other significant condit	tions contributing to	death but not r	esuiting	in the und	ariying	ceuse (	given in	Part I. 24	e. WAS AN PERFOR		24b	WERE AUTOPSY	
Dig:									1	YES 2	NO		OF DEATH?	
ME									_				1 - YES 2 -	) NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.00								
SICI	EXAMINER?	HOSPITAL:	EB/Outnetlant 2	□ pos	OTHER:				ock only one)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 2	Bc. INJL	JRY AT	sidenca	8 Other (S) 28d. DESCRI		NJURY OC	CURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		(Month, Day, Year) INJURY WORK?					URY AT RKT 28d. DESCRIBE HOW INJURY OCCURED RKT 2 ND						
ED B	2 Accident  3 Suicide 8 Could not be building, stc. (Specify)							281. LOCATIO	ON (Street a	ind Number	or Rural I	Route Number,		
ETE	4 Homicide determined								J., J.	, 51013/				
COMPLET		IYSICIAN: To the best of												11
8	2 MEDICAL EXAM	INER: On the basis of e	ternination and/or-	nveatigatio	en, In my opi	nlon, de	eth occur	ed at the	time, data and	l place, an	d due to th	e ceuse(s	) and manner as	stated.
BE	29b. SIGNATURE AND TITLE OF CERTI		106	The	18			NSE NUN			29d. DAT	E SIGNED	(Month, Day, Yea	er)

				1 □ YES 2 NO	OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	Check only one)				
1 YES 2 NO	HOSPITAL: 1 Linpatient 2 ER/Outpatient		IER: Nursing Home 5 ☐ Residenc	a 8 Other (Specify)				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, street,	factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

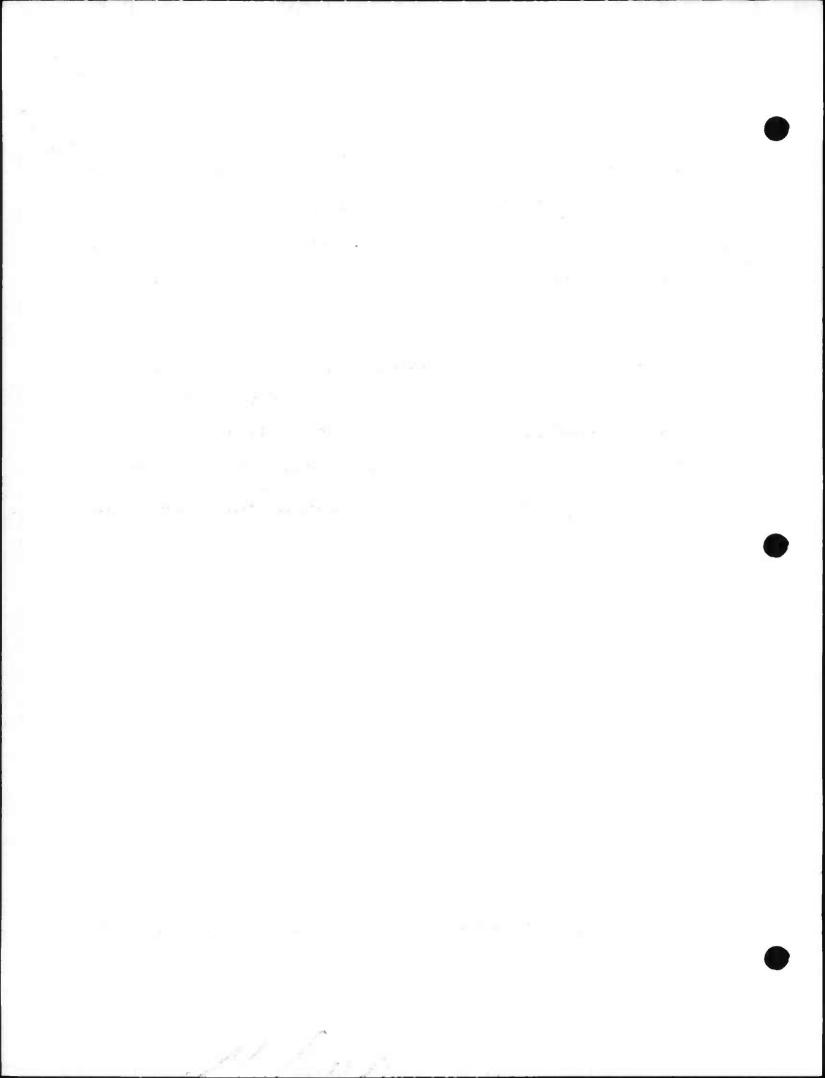
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Evangelos Lignos, Towson Associates, 7801 York Road, Suite 102, Baltimore, Md

31. DATE FILED (Month, Day, Year)

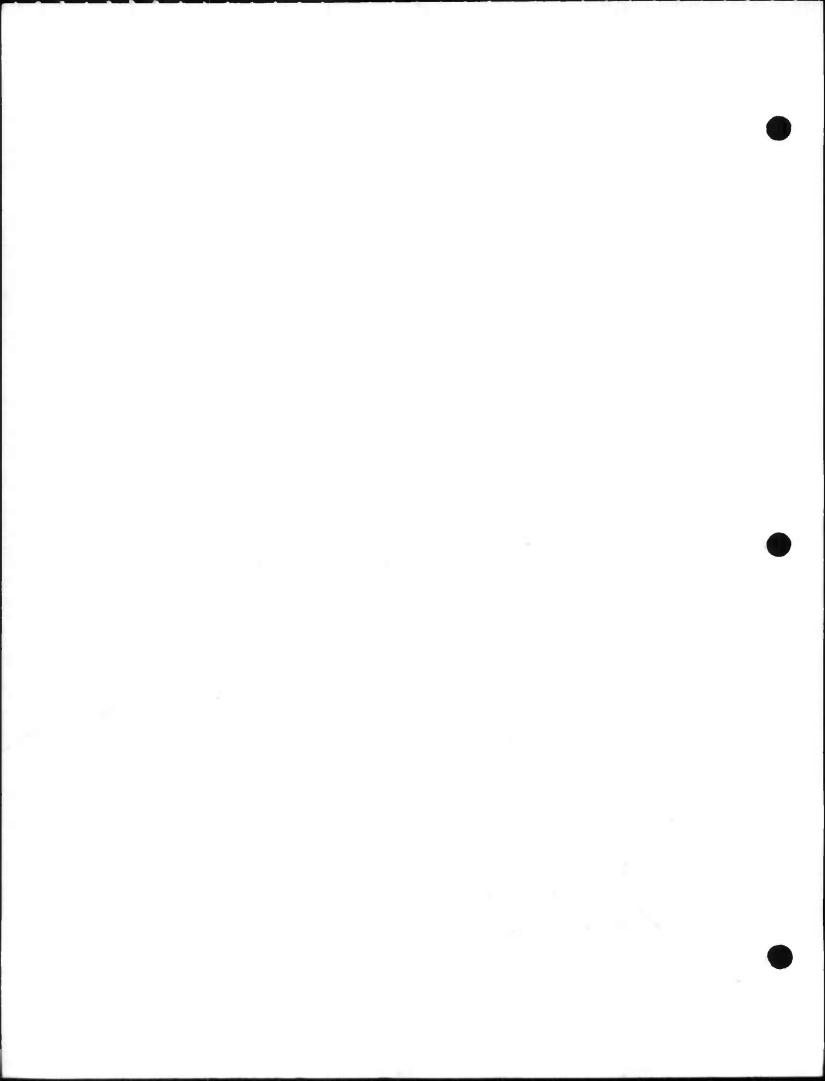
EVANGELOS

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	REGISTRAR					ICATE				REG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH
	Wilson				Staples				MONTH	1.0		YEAR	200000000000000000000000000000000000000
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 Y	40 5 1000	R 24 HRS.	7. DATE O	10	) 1	993	1850 😕
	024-151	4121	1 M 2   F				YS HOURS	MIN.	(Month,	BIRTH Day, Ybar) 17-7	.,	Gount	PLACE (State or Foreign
	220 11-11911			16	YRS.	l'			12-	17-1	6		BALLO
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TO	WN OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF D	EATH
9	Sinai Hospital					Ra	ltimo	ro					
5							L C LINC	)T.E.				-	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE C						10d. INSIDE CITY LIMITS?	
ā	MD.					BA	LTIMOR	E CI	TY				1 X YES 2 NO
뒿	10e. STREET AND NUMBER						101. ZIP CO	DE			10e. CIT	ZEN OF V	VHAT COUNTRY?
FUNERAL	1807 PULASI	ומייט דא	ን ኔታ <b>ጥ</b>				2121	7				SA.	
ž	11. MARITAL STATUS	KI DIKI	12. WAS DECEDENT	FUEDINIO									
교	1 🛭 Never Married 2	Married	FORCES? 1	YES 2		13. WAS	DECENDENT s, specify Cub	of HISPAN an, Mexica	NC ORIGIN? n, Puerto Ric	(Specify Yes an, etc.)	or No-	14. RACE Black	— American Indian, t, White, atc.
B	3 Widowed 4 Dive		IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 NO	Specify	y:		- 1	Speci	
	45.050		· · · · · · · · · · · · · · · · · · ·									BL	ACK
COMPLETED	(Specify onl	EDENT'S EDUC y highest grade	completed)	(1	Give kind of s	USUAL OCCU vork done durir	PATION g most of work	ing	16b. K	IND OF BUS	HNESS/INC	DUSTRY	
<b>"</b>	Elementary/Secondary (6	0-12)	College (1-4 or 5+)	) //	e. Do NOT us	e retired.)							
₽					STUDE	TV							
Ö	17. FATHER'S NAME (First, M	fiddle, Last)					16, MOT	THER'S NA	ME (First, Mic	idle, Maiden	Sumame)		
	WILSON ST	APLES					р	HYLL	TS '	FORD			
8	19a. INFORMANT'S NAME (			1	DE MAILING	ADDRESS (Se	eet and Numbe				0	0.11	
임				"									117
	PHYLLIS	FORD					KI STR	EET,	BALT	IMORE	, MD	. 212	217
	20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐ Cremetic		rval from Stata			P DISPOSITIO			DATE	20c. LO	CATION —	City or To	wn, Steta
	4 Donation 5 Other			WEST	CERN	STAR C	EMETER	Y		CA'	TONS	VILLE	E, MD.
	21. SIONATURE OF FUNERA	L SERVICE LICE	ENSEE	_	1	22. NAN	E AND ADDRE	ESS OF FA	CILITY				
	1 CVO	(2	12	^ ^	)								E, P.A.
$\vdash$	1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433												
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line.												
1	shock, or haert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel  Onset and Death												
1	disease or condition	disease or soudistant											
	resulting in death)  a. UNSLot Louis 6 Delvis												
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremandon, or remand.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 Is man

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CER		CATE OF			REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last HELE)	S++Lors	Mildred						2-6-9	FEAR S	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-28-5595	5. SEX	6. AGE (In yrs. last birtl 7 1	**	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF SIRTH (Month, Day, Year) 12-31-192	- 1	Country)	
H.	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN (				9c. COUN	TY OF DEA	
5	Holy Cross Hosp	73.Ca1			Silver	Sğriı	ngs		Mont	gome:	ry County
FUNERAL DIRECTOR	100	inc. arr, town on Education									Od. INSIDE CITY LIMITS?  YES 2 NO
-	104 STREET AND MIMBER			VE	nsingto	. ZIP CODI			10a CITIZ		AT COUNTRY?
3	Circle Manor Nu	231 Carro	Il Place								
2	11. MARITAL STATUS		T EVER IN U.S. ARMED		13. WAS DEC		895 F HISPAN	IC ORIGIN? (Specify Yes	US		- American Indian.
BY FI	1 P Never Married 2 Married 3 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	No	If yes, sp	2 NO	n, Mexicer	n, Puerto Rican, etc.)	or No.	Black, Specify:	White, atc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDE	NT'S L	ISUAL OCCUPATION	ON et of workin		16b, KIND OF BUS	SINESS/INDL	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	) ilfe. Do f	IOT use	ork done during mo retired.)	St Of WORKI					
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	TER'S NAM	ME (First, Middle, Maiden	Sumame)		
BE (	Harry W. Edelin					Nac	omi N	Martin			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING /	ADDRESS (Street a	nd Number	or Rural R	loute Number, City or Town	n, State, Zip (	Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE AND C	ATEO	F DISPOSITION (Na	me of	-	DATE 20c, LO	CATION — C	ity or Town	State
	1 Donation 5 Other (Specify)		cemetery, cremator								, 01412
1	21. SERVATURE OF FUNERAL SERVICE L	Ronal	d Wade, Di	r	22. NAME AN	ID ADDRES	S OF FAC		Anat	Omv	Board
	smary 1/1	Miller	2/9/93		655 W	.Bal	timo	reSt, Balto	,MD 2	1201	Dourd
	23. PART I. Enter the disesses, or shock, or heart fellure IMMEDIATE CAUSE (Final	. List only one ceu	se on eech line.						ratory arre	st,	Approximata Interval Between Onset and Death
	disesse or condition resulting in death)	S. MUPTO	OR AS A CONSEQUEN	CE OF	RTIC	An	EU	1454			1 DAY
Z									/		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUEN	CE OF)							
Ē	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUEN	CE OF)	:						
B	48 5 4 5 V (MIN)	d									
DICAL	PART II. Other significant condition NEW REF (BLOM)		deeth but not result	ting In	the underlying	ceuse g	iven in i	Part I. 24a. WAS AN PERFOR	MED?	K	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
¥.			3,410								F DEATH?
Ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL OTHER:	ACE OF D	EATH (Che	ck only one)			
1×S	1 YES 2 NO		ER/Outpatient 3 D	OA .	t ☐ Nursing Hom			Other (Specify)			
BY PF	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		INJU	RY WO	URY AT RK? 'ES 2		28d. DESCRIBE HOW II	HJURY OCCU	JRED	
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE Of building,	FINJURY — At home, to stc. (Specify)	orm, st	reet, factory, office			28f. LOCATION (Street a City or Town, State)	nd Number o	r Rurel Rou	rte Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN							to the cause(s) and man			nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Thenel.	(in			290 LICE	NSE NUM	BER	29d. DATE	SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM 27)	(Type, F	Print) 77	20 1	= 0.1	AAGUT A	ard.		. )
	MARTIN C. SHY 31. DATE FILED (MONTH, Day, Year)	32. REGISTRAL	, C. P	_		15,00	5-60	5 mg 2	089	15	
	The same rate of the same same same same same same same sam	A JZ. HEGISTRAF	s a SIGNALURE								

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



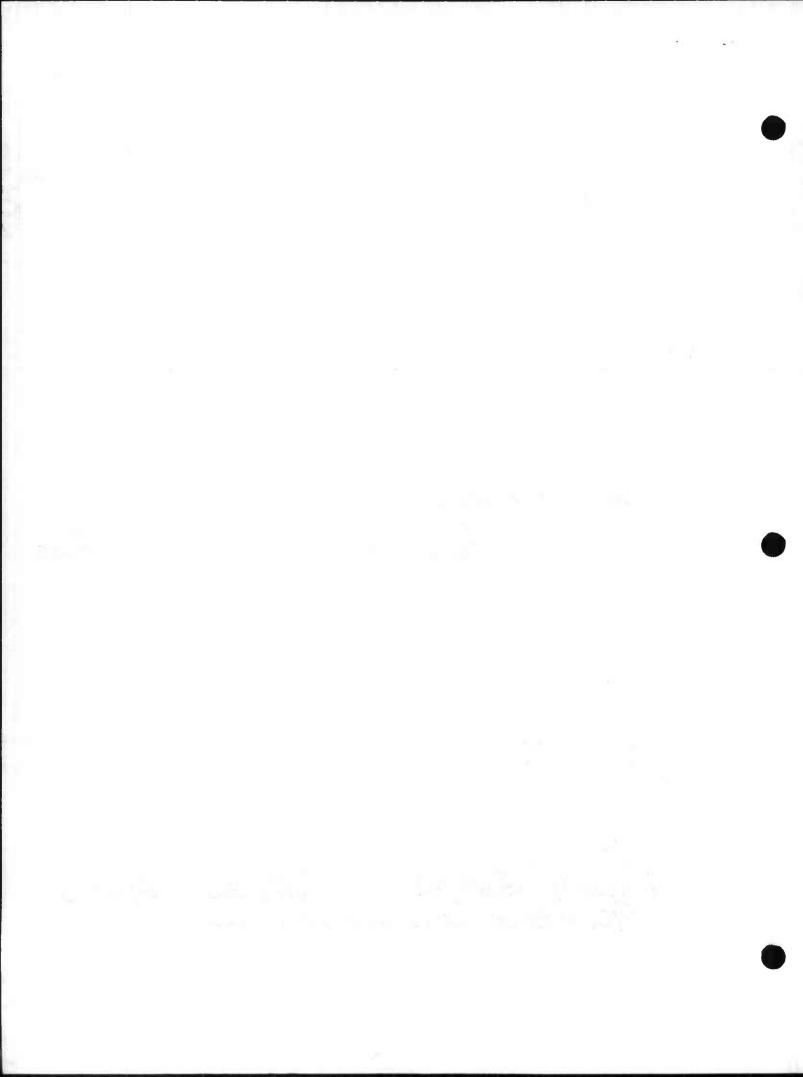
Fr. 1 L 31

BALTIMORE, MARYLAND 21215-0020	THE THE PROPERTY OF THE HEAD AND THE CASE OF THE PROPERTY OF T	the control of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	he medical examiner must be notified at once.
DIVISION OF VITAL NECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PROSIDANT TO COMPANY THE CONTROL OF THE HOSPITAL OR ATTENDING PROSIDENT TO THE HOSPITAL OR ATTENDING PROSIDENT TO THE CONTROL OF THE HOSPITAL OR ATTENDING PROSIDENT TO THE CONTROL OF THE	TO THE FUNERAL DIRECTOR: After this sertificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the Stall Peer, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

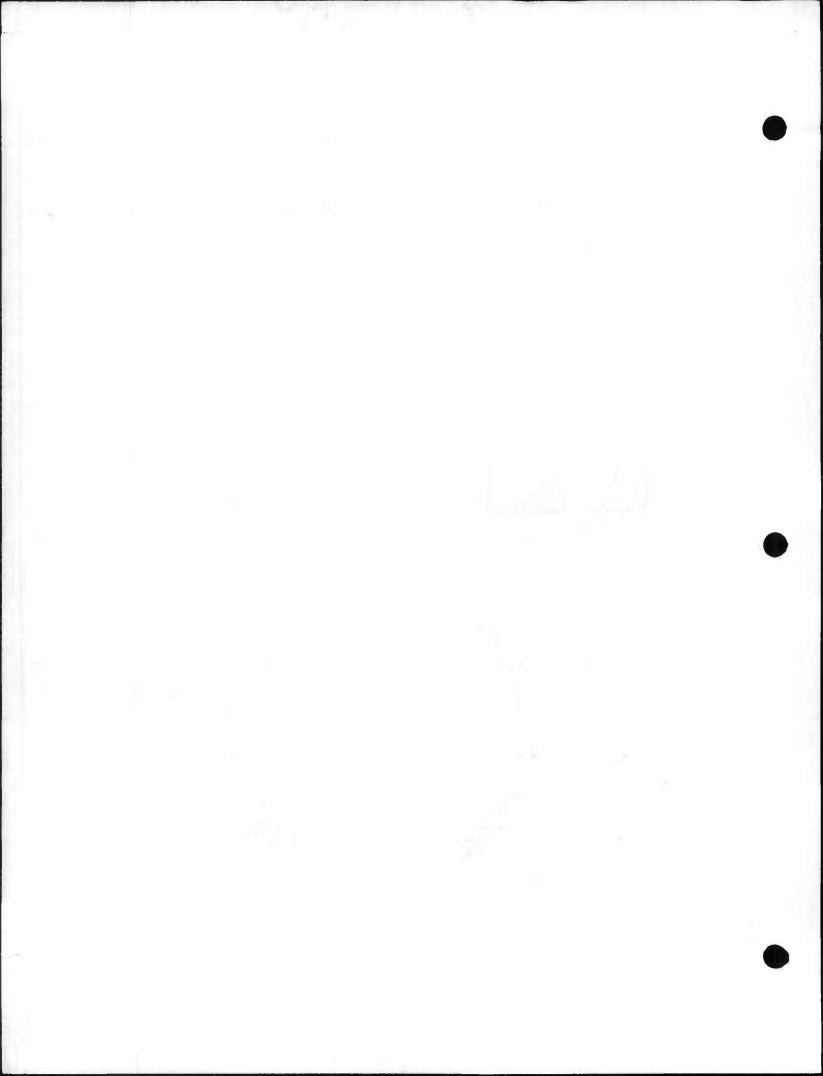
	REGISTRAR		- 01		CALL	DEAL	-	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, GEORGE	HERMAN	TER	RELL	SR.			2. DATE OF DEATH DATE OF	1993	3. TIME OF DEATH 23:58
8	4. SOCIAL SECURITY NUMBER 232-30-8836	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	102/	BIRTHPLACE (State or Foreign Country)     North Carolina
	9a. FACILITY NAME (If not institution	_	9b. CITY, TOW	N OR LOCATIO	N OF DE			NOTER CATOLINA		
OR	SACRED HEART HOSPITAL				CUMBERLAND, MD. ALLEGANY					
[ ដ្ឋា	RESIDENCE OF DECEDER	OUNTY		10c CITO	TOWN OR LO	CATION				
DIRECTOR	WV		Versen				10d. INSIDE CITY LIMITS?  1 YES 2 NO			
4	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITU	ZEN OF WHAT COUNTRY?
FUNERAL	Rt. 2, Box 12	-B				267	26			USA
5	11. MARITAL STATUS	### ##################################	T EVER IN U.S. AR	MED	13. WAS C	ECENDENT O	F HISPAN	IC ORIGIN? (Specify Yes		14. RACE — American Indian.
	1 Never Married 2 Married	IF YES, GIVE V	YES 2 N	ю		ES 2 X NO		n, Puerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	World	War II			2661	.,,			White
ETED	15. DECEDENT (Specify only highes	S EDUCATION	16a. DE	CEDENT'S	USUAL OCCUPY	TION		16b. KIND OF BUS	SINESS/IND	
<u>-</u>	Elementary/Secondary (0-12)		+)	Do NOT us	rork done during e retired.)	most or working				
E	6 *		Se1	f Em	ployed			Auto Re	epair	man
COMPL	17. FATHER'S NAME (First, Middle, La	st)				18. MOTH	ER'S NAI	ME (First, Middle, Maiden		
l m l	James T. Terr	ell					Bess	ie Cole	man	
0 0	19a. INFORMANT'S NAME (Type/Print		198	MAILING	ADDRESS (Street			oute Number, City or Town		Code)
유	Guelda P. Ter	rell	R	t. 2	. Box	12-B	Kev	ser, WV 2	26726	
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE O	F DISPOSITION		ice y			City or Town, State
	1 Donation 5 Other (Specify		- Pot oma	natory or ot	herplece) orial Ga	rdens	2	/12/93 Ke	vser.	LTV
	21. SIGNATURE OF FUNERAL SERV	CE LICENSEE				AND ADDRES		HUTY		
	Drugn	Thu	HR		Rotm	ck=Smi+	h Eur	4		Main Street
	23. PART i. Enter the disease	. or complications the	t caused the de	ath Don						eat,   Approximate
	shock, Dr heart fa	liure. List only one cau	se on each line					. as cording or respi	ratory arre	Interval Between
	IMMEDIATE CAUSE (Final disease or condition		Lino	Paul	cer					Ohset and Death
	resulting in death)	a	(OR AS A COMME							Onconun
_		OGE 10	(OR AS A COMPEC	IUENCE OF	J:					i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	UENCE OF	);					
8	cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events	DUE TO	(DR AS A CONSEC	WENCE DF	):					
ER	resulting in death) LAST	d								
	PART II. Other significent con	ditions contributing to	death but not n	esuiting i	n the underly	ing ceuse g	iven in I	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	7001	)			,		,	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	NO	OF DEATH?
Σ								_   '		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDI	SAL .						7 10000		
PHYSICIAN	EXAMINER?	AGSPITAL:	- 24 30-5-		OTHER:	PLACE OF DE		11 2 2 2		
ξŁ	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3				sidence	6 Other (Specify)		
	1 Natural 5 Pending	(Month, D	Pay, Year)	28b, TIMI	URY	INJURY AT WORK?		28d. DEŞCRIBE HOW II	NJURY OCC	URED
B⊀	2 Accident Investig	ation	F INJURY — At ho			YES 2	NO	****	S	
9	3 Suicide 6 Could n 4 Homicide determi	or be building.	etc. (Specify)	ne, sam, s	treet, ractory, or	rrice		28f. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,
9	29a. CERTIFIER									
COMPLETED	(Check only	PHYSICIAN: To the best of AMINER: Dn the basis of a								ed. e cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CIT	TYPIER SAN	THUS			29c. UC	NSE NUM	BER 222	29d. DATE	TO 102 2
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type,	Print)	14.		1000	. 0	11/15
	700 8	etan br.	CUM	bell	Pard	MA	20	502		
	31. DATE FILED (Month, Day, Year)	-	R'S SIGNATURE							
	FEB 16 1993	Jula wards	on-Rande	4						
		~	-							

DIVISION OF VITAL



ed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	notified at once.
urs after death. Pag	nd completely filled in by the funeral dire- burial cremation or removal	edical examiner must be notif
ted within 24 ho	completely filled	is marked, or Item 23 shows any Injury, or other traumatic event, the medi-
the death certificate be executed	physician and	ther traumatic
at the death cer	is certificate has been signed by the attending physician and ith the State Dent of Health and Mental Hydiene orior to by	y injury, or o
4: The law requires that	is certificate has been signed by the attendi	23 shows an
N: The	State D	Item !
YSICIA	s certif	od, 0r
ING PH	ther thi	s marke

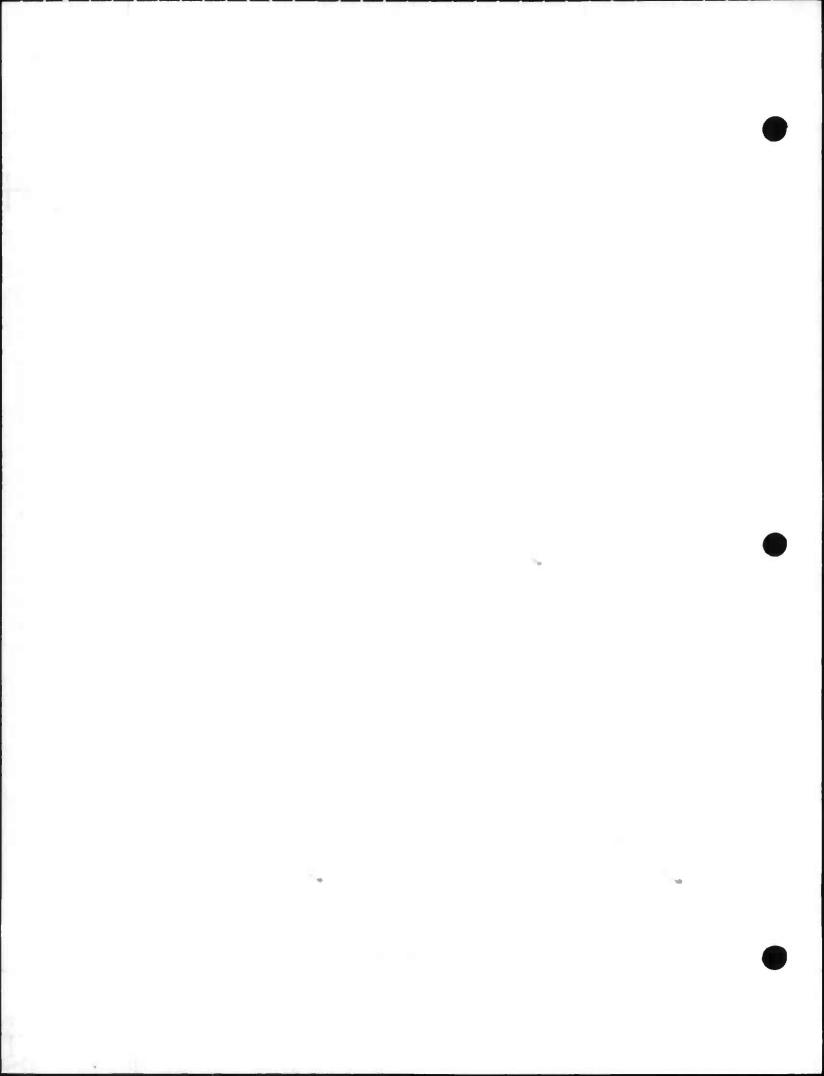
	FOR 1 - STATE	STATE OF MA	ARYLAND / DI	EPARTMENT	T OF H	EALTH AND			E	3 0363
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	ARTH		TIFICATI	I CHN		2. DATE OF	DA		3. TIME OF DEATH
1000	4. SOCIAL SECURITY NUMBER 220-16-5412	5. SEX 1 🕅 M 2 🗌 F	67	thday) IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		100	BIRTHPLACE (State or Foreign Country) MD
ron	9e. FACILITY NAME (If not institution, give so Memorial Hos		9b. CITY		mberland			9c. COUNTY Alle		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MD  Allegany				TY, TOWN OR LOCATION Rawlings					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	106. STREET AND NUMBER 16418 S. Condaway			-	21557			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO R OR DATES		1 TYES 2 NO Specify: Specify:					RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU(Specify only highest grade  Elementary/Secondary (0-12)  1 2		(Give k	ent's usual of ind of work done NOT use retired.)	during mos	st of working			nufactu	
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Arthur Semes	s Tichne	211			18. MOTHER'S NA Kathle				
70	C. Althea Tichne	11	164	18 S. (	Conda	nd Number or Flural away Ra		s, MD	2155	7
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. BURLET AND DATE OF DISPOSITION (Name Commetery, crematory or other place) Tichnell Family Cemeter  22. NAME AND						993		nton, M	or Town, State
	Rotruck-Smith Funeral Home 85 South Main Street Keyser, WV 26726									
	shock, or heart fellure. List only one ceuse on each line.							Internal Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Navo DUE TO (O DUE TO (O	HAS A CONSEQUE	Youth	S.	n.	1 -			
MEDICAL	PART II. Other significant condition	s contributing to d	edth but not resu	iting in the ur	nderlying	) ceuse given in		In. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 I	OTHEI	R:	ACE OF DEATH (C)		Snec(fy)		
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF IN (Month, Day,	JURY 28	Bb. TIME OF INJURY M	28c. INJU	URY AT	T		NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be determined    26e. PLACE OF INJURY — At home, farm, street, factory, office						Bural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY									ruse(e) and manner as stated
BE	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU D 2337	MBER		29d. DATE SA	1
2	on. Name and address of person when Dr. Qamar Zaman.	-Johnson	Heights 1	Medical	Bui		_	and,	MD 2	21502
	31. DATE FILEBYMOUTH, Pay 1993	Swin Dawn	S SIGNATURE	2						



OR STATE SEGISTRAR	STATE	0F	MA
EDENT'S NAME (First, Middle Lant)			

## RYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH	Н	3. TIME OF DEATH
			Tupis			02	14 93	3 7:00 AM
	4. SOCIAL SECURITY NUMBER		MONE	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	m/) (	BIRTHPLACE (State or Foreign Country)
	233-36-4719  9a. FACILITY NAME (If not institution, give s	21 /	4	CUTY TOWN O	1001701105	04/29/		Virginia
DIRECTOR	4790 Melbourn				or Location of DEATH 9c. COUNTY CO			OF DEATH
E	10a, STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
	Maryland					imore		1 X YES 2 NO
FUNERAL	10s. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
N.	4790 Melbourne	PROAD  12. WAS DECEDENT EVER IN	U.C. ADMED	40 400 000	21 ENDENT OF HISPANI	L229		JSA
BY FL	1 Never Married 2 Married	FORCES? 1 YES	2 V NO	If yes, spe-	city Cuban, Mexican  2 NO Specify:	, Puerto Rican, etc	٤.)	RACE — American Indian, Black, White, etc. Specify:
	3 Widowed 4 Divorced				**			White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work of life. Do NOT use reti	tone during mos	N t of working	16b. KIND OF	F BUSINESS/INDUST	(HY
7	12th	College (1-4 or 5+)	Home	maker			Home	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Ma		
BE	Frank A	louf				Mary :	Sayak	
2	19a. INFORMANT'S NAME (Type/Print)						r Yown, Statu, Zip Coo	/
	Harry B. Tupis			770				MD 21229
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	PLACE AND DATE OF DIS itery, crematory or other p	la a a l			c. LOCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE+IC	ENDER ALL	tro Crem	22. NAME AND	D ADDRESS OF FAC	ILITY		
	10200			Crema	tion Sc	ciety	of Md.,	, Inc.
	George E. 1 23. PART I. Enter the diseases, or o	complications that caused	the death. Do not e	199 F	rederic	as cardiac or r	Balto	MD 21228
	shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on ea	ch line.			_		Interval Between
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):		Y	158		
N	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						15/7	
AŢ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEGUENCE OF):					
띮	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	s contributing to death by	it not resulting in th	e underlying	cause given in F	Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
2						PEF	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME						_		OF DEATH?
PHYSICIAN: MEDIC								
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLA HER:	ACE OF DEATH (Chec	ck only one)		
HYS	1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY	28b, TIME OF	Nursing Home 28c. INJU	5 M Residence 6		OW INJURY OCCUR	ED.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	IK?	Ava. octornoc m	SW INSORT OCCOR	
COMPLETED B	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY - building, etc. (Specif	At home, ferm, street.	, factory, offica		261. LOCATION (St City or Town, S	treet and Number or F State)	itural Route Number,
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurred at	the time date a	and place, and due t	in the cause(s) and	manner on stated	
M		R: On the basis of examination						suse(a) and manner as stated.
	296. IGNATURE AND TITLE OF CERTIFIER	1	. A		29 LICENSE NUMI	BER	29d. DATE SI	GNED (Month, Day, Year)
O BE		Comment of the			D57	0		2/15/93
٩	30. NAME AND ADDRESS OF PERSON WH							
İ		er, M.D. Wi		Pine 1	Heights	Ave.	Balto.	,MD 21229
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						
	FER 1 6 19	93 gine Duri	Spire-Notice	1				



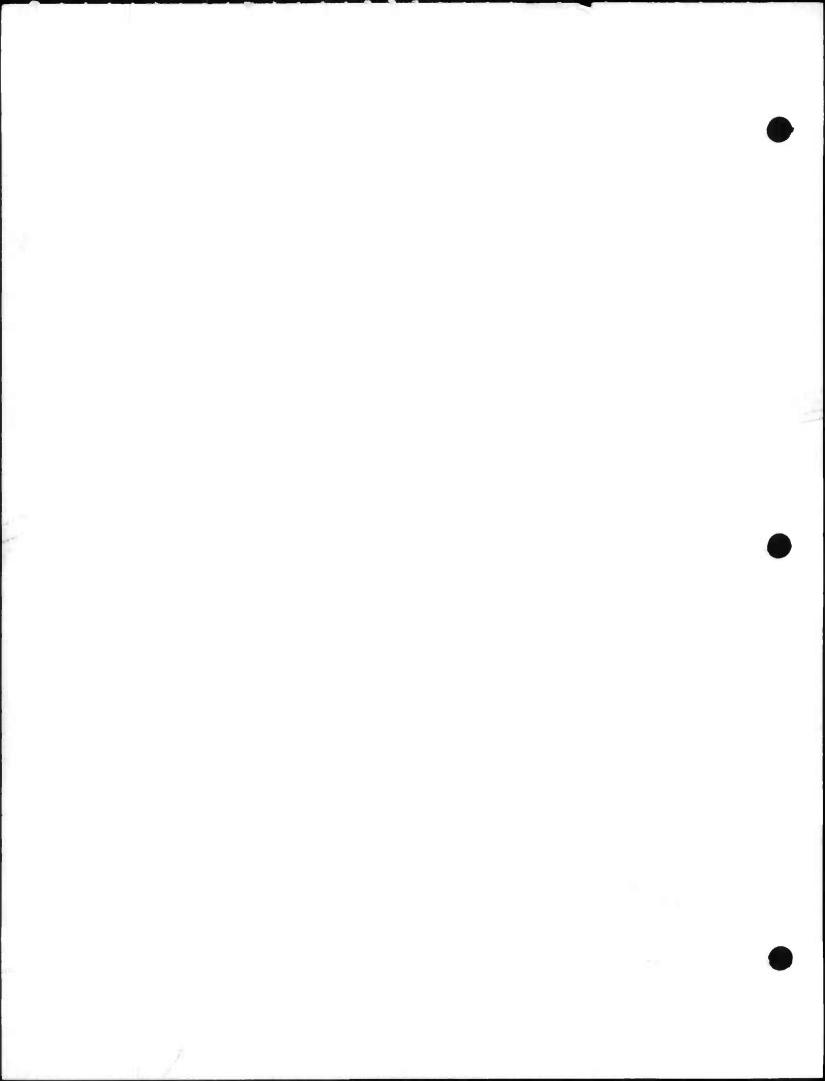
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	nit. Pages 1 2 3 shoul	o in it come	
nding physician.	s the burial-transit pen		
by the hospital or atte	the detached for use		at once.
Programmer. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be tetained by the hospital or attending physician.	and a structure has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3		ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
in 24 hours after death.	ely filled in by the funera	nation, or removal.	, the medical exami
tificate be executed with	g physician and complet	ment the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ther traumatic event
juires that the death ce	signed by the attendin	Health and Mental Hyg	ows any Injury, or o
PHYS LAN: The law rec	the section of the peer	with the State Dept. of	rked, or item 23 sh
PITAL OR ATTEMPER	RAL DIRECTOR - A	72 house after definition	f. If item 28 is mar
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	)				2. DATE OF GEATH		3. TIME OF DEATH				
		UST TUDO	2			_ XX	2 1003	6.05 PM				
	4. SOCIAL SECURITY NUMBER	100000		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign				
	216-07-1949	1 XXM 2 □ F 7:	HOURS MIN.	4-11-191		RYLAND						
n	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	NORTH ARINDFI HOS RESIDENCE OF DECEDENT 100. STATE 100. COUNT			GLEN B			L A.A.	COUNTY				
	142	•		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	E ARUNDEL	GL	EN BUR		1 TES 2 X NO						
FUNERAL	311 NEWFIELD ROA	D		101	. ZIP CODE			WHAT COUNTRY?				
	11. MARITAL STATUS	12. WAS DECEDENT EVER I	21061	0.0.11.								
BY FL	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 (7) YES IF YES, GIVE WAR OR D WORLD WAR	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 □ YES 2√□ NO Specify:   14. RACE — Am Black, White Specify:   5								
ETED	15. DECEDENT'S ED	UCATION	ON	16b. KIND OF BU	SINESS/INDUSTRY							
	Elementary/Secondary (0-12)							IGHT CO.				
COMPL	7		SALESMAN	(RET.)		2.21110		Adni co.				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)					
B	EDGAR A.	TUDOR			FANNIE	NAUMAI						
2	19a. INFORMANT'S NAME (Type/Print)			Route Number, City or Tow								
	AGNES L. TUDO		COAD, GLE	LEN BURNIE, MARYLAND 21061								
	1\(\sum_\) Burlai 2 \(\sum_\) Cremation 3 \(\sum_\) Rer 4 \(\sum_\) Donation 5 \(\sum_\) Other (Specify) \(\sum_\)	CATION — City or										
	21. SIGNATURE OF FUNERAL SERVICE L	N BORNIE	, MARYLAND									
	· 111	Me				RAL HOME						
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO/OR AS A	ch Information of the Artery	Egiven in Part I. 244. WAS AN AUTOPSY PRIDER TO COMPLETION OF CAUSE OF DEATH?								
MEDIC			"./					OF DEATH?				
CIAN			1			-						
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	10	26. PL	ACE OF DEATH (Ch	ack only one)						
5	1 YES 2 YHO	Inpetient 2 - ER/Outs	sellent 3 DOA 4	Nursing Hom		6 C Other (Specify)						
۱ -	Natural 5 Pending	(Morm, Dec. Hear)	38b. TIME C	WO WO	NK7	284. DESCRIBE HOW I	NJURY OCCURED					
6	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	- At home, farm, stre			28f. LOCATION (Street )	out Nomber or Bone	/ Houde Nomber				
9	4 Homicide 8 Could not be determined	building, wtc. (Spec	olly)			281, LOCATION (Street and Number or Plurel Ploute Number City or Teen, State)						
Mr.L.R	29s. CERTIFIER (Check only one)	SICIAN: To the best of my know	ledge, death occurred a	it the time, data	and place, and due	to the cause(a) and mar	mer se stated.					
3	2 MEDICAL EXAMIN	ER: On the basis of examination	29c. LICENSE NUM			(a) and manner as stated.  ED (Month, Day, Year)						
	y Tolay To	Mer Mu	y m				12-1	12-93				
	31. FEB 16 1993		HOSPITAL		#208. GI	EN BURNIE	MARYLA	ND 21061				

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IVISION OF VITAL	The second secon

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF OEATH	Y Y	EAR	3. TIME OF DEATH	
. 8	RUSSell  4. SOCIAL SECURITY NUMBER	Edward  5. SEX   6. AGE (In yrs. Is	Te.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	0.	2 0.6 E OF BIRTN	1993		2005 "	
	220 07 3032	1 X M 2 □ F 72	YRS.	MONTHS DAYS	HOURS MIN.	12	71972	0	Country)	LACE (State or Foreign	
~	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DE	ATH	
DIRECTOR	2305 Maryland	Avenue	Baltimore								
REC	10e, STATE 10b, COUNTY		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
	Maryland 100, STREET AND NUMBER			Total	Balt	imo	re			YES 2 NO	
FUNERAL	2305 Maryland	Avenue		101	I. ZIP CODE	2121	8		USA	AT COUNTRY?	
S	11. MARITAL STATUS	RMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIG	IN? (Specify Yea		. RACE -	- American Indian.		
BY F	1 Never Married 2 Married 3 Widowed 4 X Divorced	NO	If yes, sp		Rican, etc.)		Specify:	White			
ED	15. OECEDENT'S EDUCAT		ECEDENT'S	DENT'S USUAL OCCUPATION 16b. KIND OF BUSINE					TRY	WILLE	
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	Give kind of work done during most of working a. Do NOT use retired.)								
MP	6th	L	abor	er	Bon	d Bak	ery				
00	17. FATHER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Last)									1	
H	John Teal Unknown to Record									rds	
9	19a. INFORMANT'S NAME (Type/Print)  Esther Martin  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1724 N. Charles St. Balto., MD 21201										
	20s. METHOD OF DISPOSITION  1  Burlai 2 Cremetion 3  Removal from State  20b. PLACE AND DATE OF OISPOSITION (Name of cemetery, cremetery,										
	4 Donation 5 Other (Specify)		o Cr	emator	y, Inc.	2/1	5 B	altim	ore	, MD	
	Devo alla	arlton			Iton Fu				mor	e,MD21231	
	23. PART I. Enter the diseases, or cor	mplications that caused the de	eeth. Do n							Approximata	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSE		Cardi	prascul	9	Di.	seasi	e	Interval Between Onset and Death	
Z	Sequentially list conditions b.										
CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING										
E	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF	ŋ:							
E I	resulting in deeth) LAST										
	PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL							PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2									1	PYES 2 - NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only o	nne)				
VSIC	. 67.000	OSPITAL:  Inpatient 2 ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing Nom	e 5 KV Residence	8 🗆 Oth	er (Specify)				
PH	27. MANNER OF DEATH  1/ Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	28d. DE	SCRIBE NOW IN	JURY OCCUR	ED		
B	1 A Natural 5 Pending 2 Accident Investigation				res 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, a	treet, tactory, office	1	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				rte Number,	
Ë	29a. CERTIFIER 1 CERTIFYING PNYSICIA	N: To the beat of my knowledge, de	anth annum	d at the time date							
JMC		On the beals of examination and/or							ouse(e) i	nd manner as stated.	
	290. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NUM					fonth, Dev. Year)	
) BE	Daw 1	inke (M)						▶ 0.2			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  TO A ROS CONTROL OF THE STATE OF THE									0.7	1993	
	31. PATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1 Per	nn Stre	et Ba	ltir	nore,	Maryland 21201			
	FEB 16 1993	- wardson fanda	L								



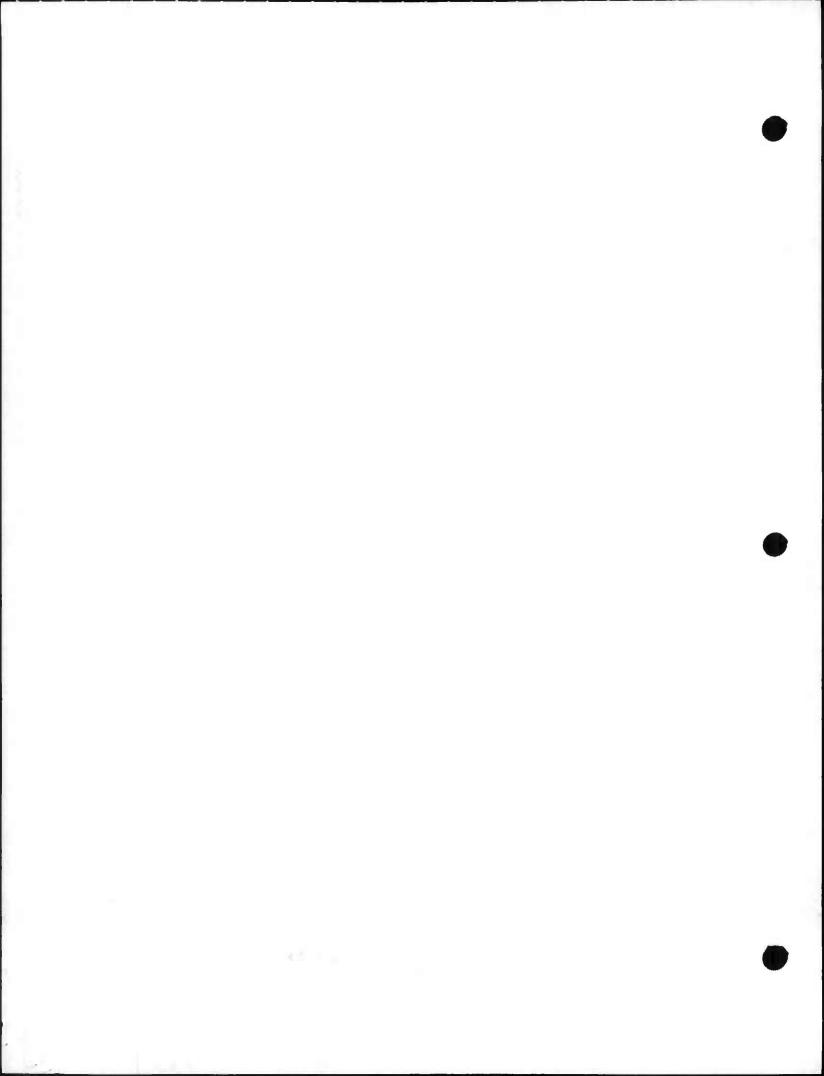
REGISTRAR	1 -	FOR STATE REGISTRAR
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	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / DE CERT		ATE OF			REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH	
	Edgar S.	Van Val	kenburg					Feb.14,		YEAR	W-1	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	day) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1775	· ·	LACE (State or Foreign	
	215-07-1008	1 X M 2   F	85 Y		NTHE DAYS	HOURS	BOTH.	(Month, Day, Year)		Country)		
- }	9a. FACILITY NAME (If not institution, give :	street and number)	05	94	96. CITY, TOWN OR LOCATION OF DEA			09/17/07	90 001	NTY OF DE	sas	
Œ			a									
DIRECTOR	1320 Sulphur Sp	<u>a</u>		Arbutu	S			Bal	timor	e		
Ä	10a. STATE 10b. COUNT	Υ	100		OWN OR LOCAT				_	1	10d. INSIDE CITY	
<b>a</b>	MD Bal	timore			Arbutu	S					LIMITS?	
4	10e. STREET AND NUMBER				10f.	ZIP CODE	E		10g, CI1		IAT COUNTRY?	
3	1320 Sulphur Sp	đ			21	227	USA					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				13 WAS DECI	ENDENT O	E HISDANII	C ORIGIN? (Specify Yee				
	1 Never Married 2 Married		YES 2 NO			city Cube	n, Mexican,	, Puerto Rican, etc.)	O 140—	Black,	— American Indian, White, etc.	
B	3 Widowed 4 Divorced	123, 0172	AN ON DATES		1 TES	₹ VI NO	Specify:			Specify		
COMPLETED	15. DECEDENT'S EDU			ECEDENT'S USUAL OCCUPATION				16b. KIND OF BUS	INESS/IN			
щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life Do A	OT use re	done during mos stred.)	t of workin	9					
릴	6ТН		Pape	r Cu	itter			Mfg.				
Į į	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	E (First, Middle, Maiden :	Surname)			
BE	Edgar S. Van Va	lkenburg				1	Ma+il	da Divelv				
	19a. INFORMANT'S NAME (Type/Print)		19b. MA	LING AD	DRESS (Street ar			oute Number, City or Town	, State, Zi	ip Code)		
유	Mildred C. Van	Valkenbu						Arbutus		MD	21227	
	20a. METHOD OF DISPOSITION		20b, PLACE AND D	ATEOFD	ISPOSITION (Nat	ne of		DATE 20c. LOC	CATION —	City or Tow		
1 & Buriel 2 Cremetion 3 Removal from State									Woodlawn, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22, NAME AN	D ADDRES	S OF FACE	um Ambrose	Fun	eral	Home	
	+ turnly 7	under	. ()					Spring Ro				
	22 DADT I Enforthe diseases or	rrygon									407114	
	23. PART i. Enter the diseases, or shock, or heart failure.	List only one cau	ise on each line.	DO NOT	enter the mod	se or ayı	ng, sucn	as cardled or respin	retory ar	rest,	Approximate interval Between	
- 1	iMMEDIATE CAUSE (Final disease or condition	0	in or In	0	11000	_ \	7	1	0		Onset and Death	
	disease or condition a. CONGESTVE HEART FAILURE  DUE TO (OFFIS A CONSEQUENCE OF):											
	CORDNARY ARTHUR DISEASE											
o l	DIFF TO (OR AS A CONSCIENCE OF).											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Diseese or Injury that initiated events	c. DUE TO	(OR AS A CONSEQUEN	CE OFI:							-	
	resulting in death) LAST											
빙		d							-		+	
CAL	PART ii. Other significant condition				1			ert I. 24s. WAS AN			WERE AUTOPSY FINDINGS	
_	Recurren	+ HSC	NOTHATT	7 6	neum	NON	A	1 YES 2			COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED	- Pertoner	V PAS	48 W 144	7	Dis	200	0				YES 2 NO	
z I								_				
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	20				ACE OF D	EATH (Chec	ck only one)				
) S	1 YES 2 NO	THOSHT ALL	ER/Outpatient 3 D		THER:  Nursing Home	5 KRe	sidence 6	Other (Specify)				
٤١	27. MANNER OF DEATH	26e. DATE OF (Month, D		TIME OF	F 28c. INJL			28d. DESCRIBE HOW IN	JURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation	(moral, b	3, 1027	INCOM	M 1 7		NO					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At home, le etc. (Specify)	rm, stree	et, factory, office			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	ute Number,	
۳	4 Homicide determined		(					Only or lown, State)				
ا ڌ	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, death or	curred a	t the time, date	end place.	end due to	the cause(a) and man	ner es sis	ted		
COMPLETED	one) 2 MEDICAL EXAMINE										and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		7			_	NSE NUME					
B	Dankon	afra	1 00	1.1		T	2	LEA I	Z9U. DAI	2 11	Mooth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITEM 27)	(Type Pris	) ·	2	20	00	- 0	XIIK		
	511- NO.	211500	RA	2	110	0	1.4	d 71-	170			
	31. DATE FILED (Month, Day, Year)	32: REGISTRA	R'S SIGNATURE	1a	1-11010	NC	N	al. ale	701			
1		FFR 1 6		Li. J	widow ?	2 melal	2.3	*				
#					AND INCOME.	1-1						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE HOSPITAL OR ATTENDING CHASICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

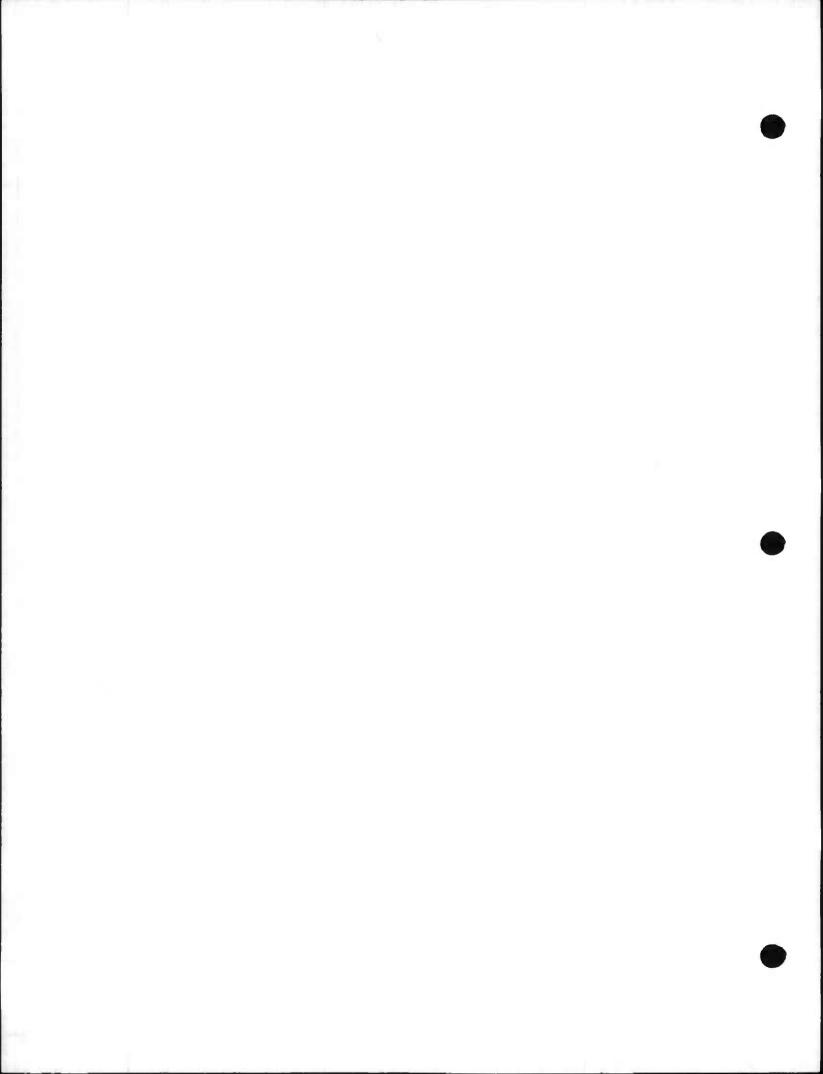
TO THE FUNERAL DIRECTOR: Affect this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, for Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

1. DECEDENT'S NAME (First, Middle, Last) JESSIE 4. SOCIAL SECURITY NUMBER 246-42-9062 9e. FACILITY NAME (If not institution, give s			RNER	2				2. DATE (	OF DEATH	AY	YEAR	3. TIME OF DEATH
246-42-9062 9a. FACILITY NAME (If not institution, give s	111	105 // 1 .			_			2	11	19	93	10:58 A
	1 🗆 XM 2 🗌 F	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE ( (Month, Q / 2)	F BIRTH Day, Year) 3 / 193		a. BIRTH Countr	IPLACE (State or Foreign y)
	treet and number) N STREET					R LOCATIO		100				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD	1		10c. CIT	Y, TOWN C	TIM(						4	10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER				DP.L		ZIP CODE						1 YES 2 NO
124 W. FRANKLIN  11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	YES 2 N		21201 U.S.A.  ED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 — YES 2 XNO Specify:  AFR.						E — American Indian, c, White, atc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kine. Do NOT use retired.)  16b. KIND OF BUSINESS/III (Give kind of work done during most of working kine. Do NOT use retired.)						SINESS/INI		THILLY OZIV				
17. FATHER'S NAME (First, Middle, Leat)  CHARLES H. VARNER  18. MOTHER'S NAME (First, Middle, Maiden Surname)  SOPHIA VARNER  190. INFORMANT'S NAME (Type/Print)												
LIZZIE B. VARNER 301 MCMECHEN ST. BALTIMORE MD APT.518 2121										217		
20e. METHOD OF DISPOSITION  11 Surface 2 Cremetton 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other place)  CROWNSVILLE V.A. CEM. 2/16/93 CROWNSVILLE MD												
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7		22. ES	NAME AN	BROT	S OF FAC	FUN	ERAL I	HOME	P.A.	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (DR AS A CONSEQUENCE OF):  CHRONIC ALCOHOLSM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Please or Linking College or									Interval Betwo			
CAUSE (Disease or injury that initieted eventa resulting in death) LAST  oue to (or as a consequence of):												
PART II. Other algniticant condition	eeth but not re	eaulting in tha underlying ceuse given in P				Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO			24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:			OTHER				ck only one				
27. MANNER OF DEATH	1 Inpatient 2 E	JURY	28b. TIM		28c. INJU	RY AT	idence 1	Other	(Specify)	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF II			М		ES 2	NO	201 1 000	FION (0			
4 Homicide determined	building, atc	(Specify)	.,		, orne			City or	TION (Street a Town, Stete)	nu number	or murai R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC CONTROL OF CON	CIAN: To the best of my R: On the bests of sxan	knowledge, deat	th occurre	nd art the ti	me, date	and place, ath occure	end due t	o the caus	e(a) and man	ner ee stat d due to th	ed. e cause(s)	and menner as stated.
296/SIGNATURE AND TITLE OF CERTIFIED					29c. LICENSE NUMBER			BER			(Month, Day, Year) 1 1.993	
36. NAME AND ADDRESS OF PERSON WHO												

		1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. OECEDENT'S NAME (First, Middle, Last) Helen Wise Helen M. Wise  2 DATE OF DEATH DAY 13 TIME OF DEATH 2 070 / M
29		4. SOCIAL SECURITY NUMBER 217-09-2643  5. SEX 1
2. 3 should	OR	9a. FACILITY NAME (If not institution, give street and number)  Union Memorial Hospital  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore City  9c. COUNTY OF DEATH  Baltimore City
permit. Pages 1.	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE
	FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  United States
215-0020 attending physician. se as the burlal-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify:  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)
21 al or for u	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
MARYLAND 212- retained by the hospital or att 5 should be detached for use notified at once.		12 Secretary Ret.  17. FATHER'S NAME (First, Middle, Last)  Edward McDaniel  Ret.  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Cecie Bozman
, MARYI be retained by ge 5 should be notified at	TO BE	19a. INFORMANT'S NAME (Type/Print)  Douglas B. Wise  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)  8215 Harris Ave. Baltimore, Md. 21234
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION  1 Strial 2 Cremation 3 Removal from State  4 Donestion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of certification) of the place
BALTIMO after death. Page 6 by the funeral directo moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr  22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214  Leonard J. Ruck, Inc. 5305 Harford Road
nin 24 hours tely filled in t mation, or red t, the media		23. PART I. Enter the diseases, or complications that based the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):
O. BOX 68; ertificate be execute ng physician and cr giene prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.
A and a dr	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.    248 WAS AN AUTOPSY PERFORMED?   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO   NO   NO   NO   NO   NO
OF VITAL PHYSICIAN: The Is this certificate has with the State De	BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 Ves 2 No  1 Impetient 2 ER/Outpetient 3 DOA  27. MANNER OF DEATH  1 Netural 5 Pending  1 Netural 5 Pending  1 Netural 5 Pending  1 Netural 5 Pending  1 Netural 5 Pending  1 Netural 7 Pending  1 Netural 8 Pending  1
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this of hours after death with		3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural-Route Number, City or Town, State)
DIV HOSPITAL OR A FLINEFAL DIREC WEITH 72 hours	COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFIUM PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNEFAL E GOD WITH 72	10-BÉ	296. SIGNATURE AND TITLE OF CERTIFIER  MALL Run  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  297. LICENSE NUMBER  298. DATE SIGNED (Morith, Day, Year)  297. LICENSE NUMBER  298. DATE SIGNED (Morith, Day, Year)  298. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
$\sim$		31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE
		FEB 16 1993 June Warrelson-Randage



DHMH-16 Rev 1/89

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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1	The transfer of the law requires that the death certificate he executed within 2s now
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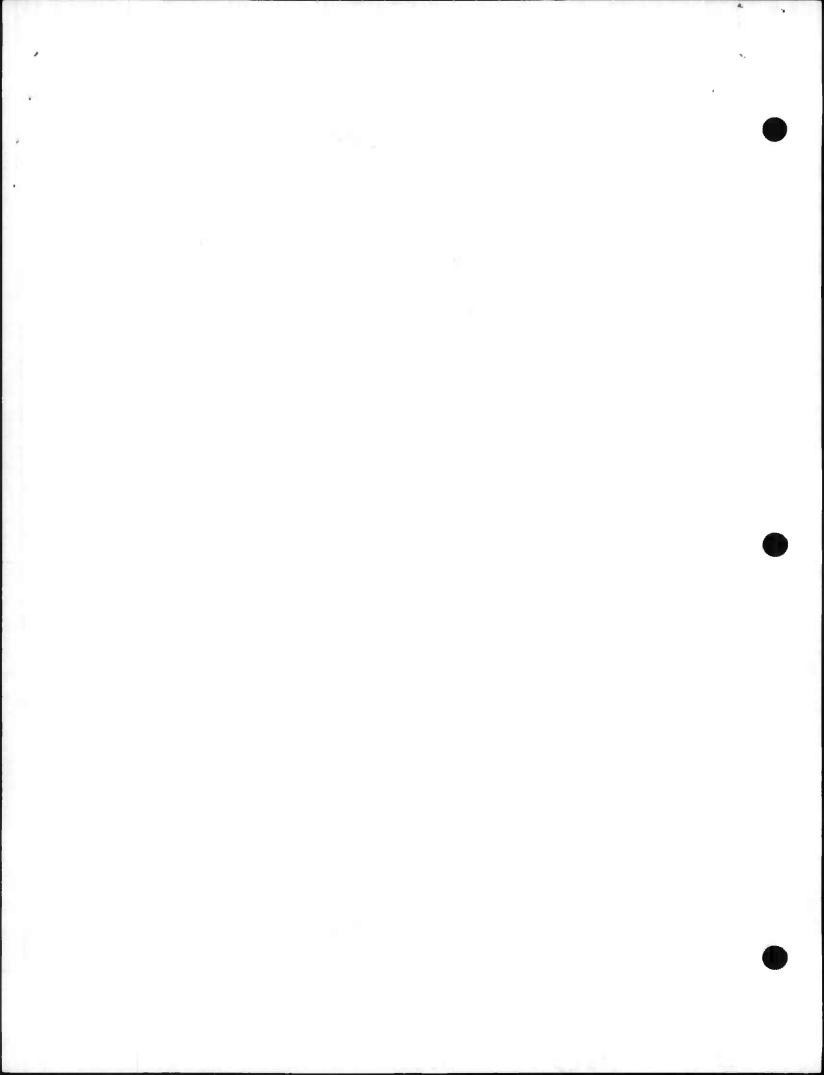
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Sanve YEAR 3 DAY 6:00 g H Jr, 11 A SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 287-30-8637 58 1253M 2 | F 7/26/34 Ohio 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Balto. Co. General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Winfield 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1616 West Old Liberty Road 21784 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 1951-1959 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 TES 2 NO Specify BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intary/Secondary (0-12) College (1-4 or 5+) Boiler Maker 12 years HS Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Mills Samuel S. White, Sr. 듙 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Jane White P.O. Box 0397 Sykesville. MD 21784 9 20s. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must rotherplace)
Cremation Service 2/12 Carrol1 Hampstead, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors, P.A. ames 1212 W. Old Liberty Rd Winfield filled in by the or removal. the medical 23. PART V Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) xletustatic Helevocarcunema event, and com traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 ending physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental H bt. of Health and Mental H 3 shows any injury, o PART il. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS disease MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO 1 | YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL certificate ha h the State D d, or Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR After the transfer of BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL within 72 IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 물보물 Wit D3888 2/11/93 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 32. REGISTRAR'S SIGNATURE 6 ne Davidson Rando

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



THE FUNETAL UNBETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make the funeral Hygiene prior to burial, cemation, or removal. THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

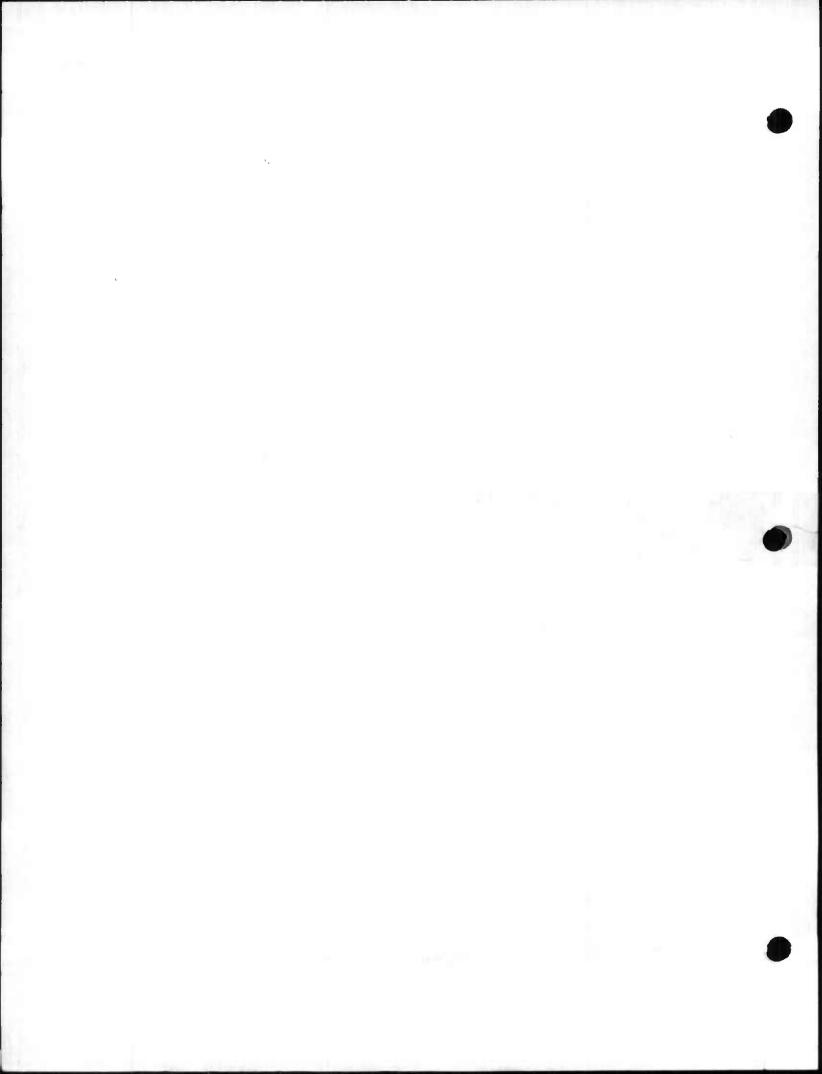
IMPORTANT, If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND E OF DEATH	MENTAL HYGIL	_	93 03638				
	1. DECEDENT'S NAME (First, Middle, Last)  MARY Madeline 4. SOCIAL SECURITY NUMBER	11)00=0	N	ER 1 YEAR IF UNDER 24 HRS.	2. DATE OF OEATH MONTH 7. DATE OF BIRTH	DAY 12 9	3. TIME OF DEATH				
	216 05 9639 90. FACILITY NAME (II not institution, give s	10 M 2 DF 79	YRS. MONTHS		(Month, Day, Year)	/13	Maryland				
TOR	GOD SAMARITAN HOSPITAL BARTIMORE										
DIRECTOR	Maryland 106. COUNT	Y	10c. CITY, TOWN	Baltimore C	City		10d. INSIDE CITY LIMITS?  1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER	O1 Echodale Aver	nue	101. ZIP CODE	21214		ed States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	ARMED 1:	B. WAS DECENOENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	can, Puerto Rican, etc.)	RIGIN? (Specify Yes or No— erto Rican, etc.)  14. RACE — Black, W Specify:					
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 5 +)  12  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKE'  16b. KIND OF BUSINESS/INDUSTRY										
BE CO	17. FATHER'S NAME (First, Middle, Last)  George Lochner  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Margaret Kispert  190. INFORMANT'S NAME (Type/Print)										
10	Dolores Casey 1619 Prindle Drive Bel Air, Md. 210										
	20e. METHOD OF DISPOSITION 1 以 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLAC completery, c	e and date of disponentary or other place.  y Redeem	er Cem. 2/1	.1	ocation - cm altimo	y or Town, State re Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Knight Krig	int Jr	Leonard J. R	Bait uck, Inc.	imore, 5305 Ha	arford Road				
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition										
N	resulting in death)  a. CUMA  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. Status Spilesticus										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL C	PART II. Other algnificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
					_		OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA A DN	28. PLACE OF DEATH (C							
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?		6 U Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 6 Could not be determined	28f. LOCATION (Stree City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED		CIAN: To the best of my knowledge, of R: On the basis of exemination end/or									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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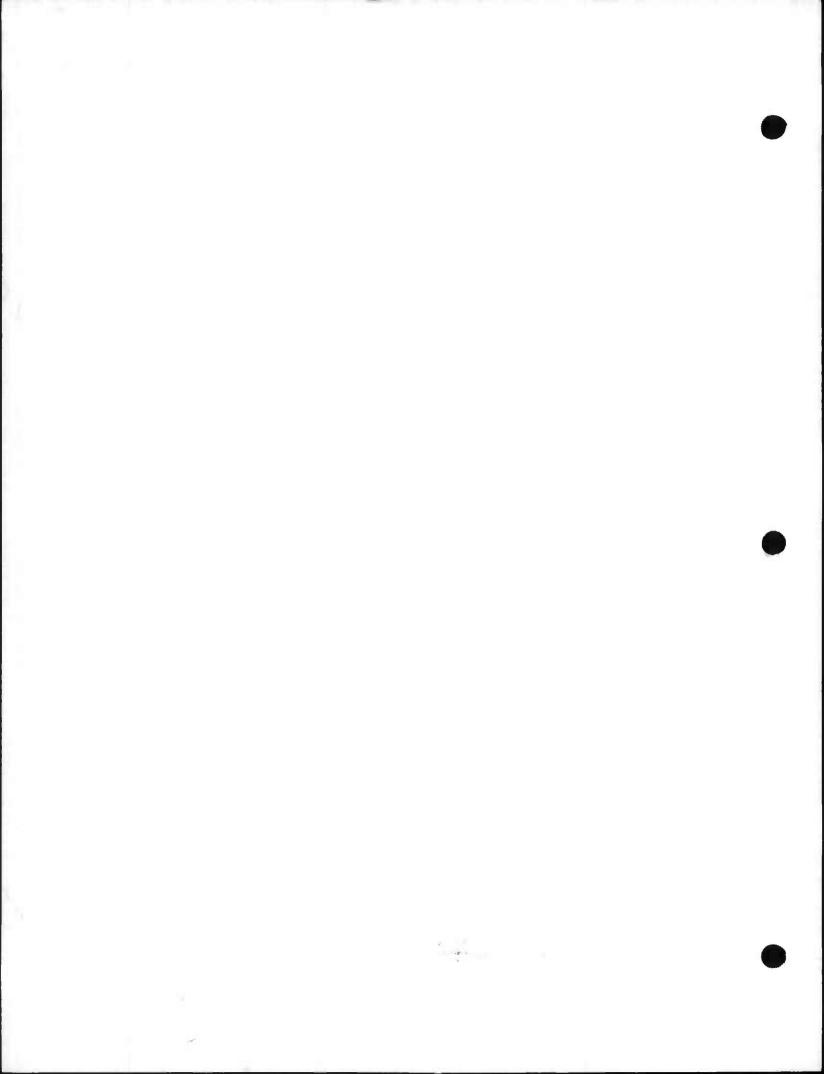
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, be item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	0	F DEAT	TH.		REG	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND I		G. NO.	) ()	00000
	1. DECEDENT'S NAME (First, Middle, Last) Geneva	Grant GENE	VA DIXO	N WOOD	GRANT	2. DATE OF DOMONTH		YEAR 3.	TIME OF DEATH
9	239-05-9121	1 - M 2 7 F 88	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 1/4/19	Year)	Country)	ACE (State or Foreign EY, N.C.
OR	9a. FACILITY NAME (If not institution, give street and number)  Union Memorial Hospital  9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City								H
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION .		10d, INSIDE CITY		
	MARYLAND		200	ALTIMORE	·		1 XYES 2 NO		
FUNERAL	1305 LAKESIDE AV	Ε,		101	21218	USA	ZEN OF WHA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexica 2 NO Specify				
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5 +)	(Give kind of v	CEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use retired.)					
NO I	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First Minister	Maides Sumane)		
	MARCUS DIXON				AGNES				
) BE	19a. INFORMANT'S NAME (Type/Print)	*	19b. MAILING	ADDRESS (Street a	nd Number or Rural	2 = 110		Code)	
유	ELSIE SMITH								21218
	ELSIE SMITH  1305 LAKESIDE AVE, BALTIMORE, MARYLAND 21218  20e. METHOD OF DISPOSITION 1 Ry Burlel 2 Cremation 3 Removel from State 4 Donestion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Commetter), crematory or other place) WESTERN STAR CEMETERY 2/12/93 CATONSVILLE, MD.								
	21. SIGNATURE OF FAINERAL SERVICE MCEN	SEE O	)	22. NAME AN	ID ADDRESS OF FA	CILITY			FID.
	· Flyd	M. Osto	1	1300	BROTHER EUTAW PL	ACE, BA	ALTIMORE	, MD.	21217
	23. PART I. Enter the disease, or corshock, or heart failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	pplications that caused at only one cause on ear only one cause on ear only one cause on ear only one cause on ear only one cause on ear only one to one as a cause on the caused on the	m iine.	11		h as cardiac d	or respiratory an	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	Jar ec	topy				4	
MEDICAL C	PART II. Other significant conditions	contributing to deeth bu	t not resulting i	resulting in the underlying ceuse given in Part i.			PERFORMED?  1  YES 2 NO		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
ä							300		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE DF DEATH (Ch	eck only one)			
ΗX	1 YES 2 NO 1	Inpatient 2 ER/Outper			e 5 Residence				
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 URY	RK? /ES 2 NO	28d. DESCRIBE	E HOW INJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, etc. (Specif	- At home, farm, s	street, factory, office		CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED		N: To the best of my knowle On the bests of examination							id menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTUTER	1			29c. LICENSE NUM	MBER	29d. DAT	E SIGNED (M	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	11 11	ion Mo	moria	1 40	50,7	tal
	Marco (astro) The Union Memorial Hospital  31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE  FFR61/6/1003								



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Item 23

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28 is marked,

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours af IMPORTANT: If Item 21

PHYSICIAN: MEDICAL

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COMPLETED

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been signed by the attending physician and completely filled in by the pt. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within L OR ATTENDING PHY

L DIRECTOR: After this critical

chours after death with the Stuti

DIVISION OF VITAL

93 03640 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARTHA WARREN 02 14 993 1:40 a M 5. SEX S-AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
10-10-02 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 64-39 HOURS VA 1 M 2 F VRS So. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALT MD 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ELMLEY SA 2/2/ 3 U 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE — American Indian, Risck. White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO BY Specific 4 Divorced BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NGT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (12) indery (0-12) College (1-4 or 5+) D/A. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Suma CHARLES WARREN 19a. IMFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No 0 NAOM 3226 LmLE BAY ORD 20a. MEXHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City n 3 🗆 Re 1 Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) BA HIM O RE B4 6 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kells Funer AROLINE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line, Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) 2 wks hemothorax DUE TO (OR AS A CONSEQUENCE OF): Maligrancy
DUE TO (ORAS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES X NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO 27. MANNER OF DEATH

5 Pending

S Could not be

HOSPITAL: Inpetient 2 - ER/Outpetient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF

28c. INJURY AT WORK?

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCUREO 1 YES 2 NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER

1 Natural

2 Accident

3 Suicide

4 Homicide

1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

MO

22182

29d. DATE SIGNED (Month, Day, Year) 2/14 193

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600 N- Wolfe Si Balt-, Md 21287 Tower 110

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

32. REGISTRAR'S SIGNATURE

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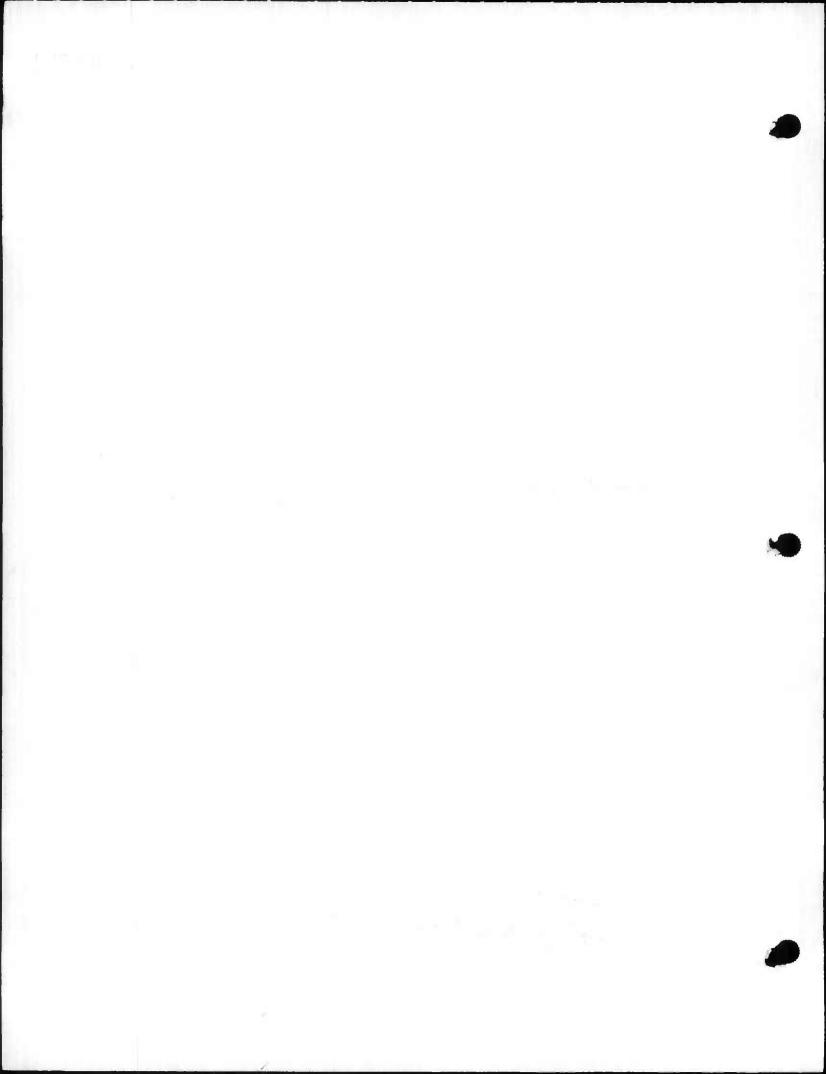
1 - STATE REGISTRAR				CERTIF	ICATE OF	DEATH	_	REG. NO	).		_		
1. DECEDENT'S NAME (Fil			_				MONTH	_	YAY	YEAR	1000	OF DEATH	
Pear1	Mae	Freelan		eeler			Feb.		4 19	993		:55 P	_
4. SOCIAL SECURITY NUI		5. SEX		rs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.		Day, Year)		Cour	itry)	State or Fore	ign
217-09-16		^	87	THS.			-	. 18		_	aryla	ınd	
9a. FACILITY NAME (If not		street and number)			STATE STATE	OR LOCATION OF D			9c. CO	UNTY OF			
10701 York					Cock	eysville	2	Balti			timor	е	
10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN OR LOCA	TION		T			10d. INS	SIDE CITY	
Maryland	aryland Baltimore					11e					7.77	AITS? ES 2 📆 N	0
10e. STREET AND NUMBE						f. ZIP CODE			10g. CI	TIZEN OF	WHAT CO	UNTRY?	
10701 Yo	ork Roa	d				21030				USA			
11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF HISPA			e or No-	14. BA		E — American Indian,	
1 Never Married 2		FORCES? 1	MAR OR DATE:	X NO		ecify Cuban, Mexic 2 NO Speci		tican, etc.)			ck, White, city:	atc.	
3 Widowed 4 D	vorced					46					Whi	te	
	ECEDENT'S EDU		16	a. DECEDENT'	S USUAL OCCUPATI work done during me use retired.)	ON ost of working	16b.	KIND OF BL	JSINESS/II	NDUSTRY			
Elementary/Secondary	(0-12)	College (1-4 or 5						m 1		D.			
6				Machin	ist Oper			Too1					
17. FATHER'S NAME (First,		1				18. MOTHER'S N	, , , , ,		n Sumame)	)			
Joseph I		<u>a</u>	ā.			Angeli							_
19e. INFORMANT'S NAME		_			G ADDRESS (Street						1 01		
		r			Walter F. Wheeler 10701 York Road, Cockeysville, Maryland								
1 V Burial 2 Creme	₩ Burial 2 Cremetion 3 Removal from State												_
Δ	tion 3 Li Ren	noval from State	of	her place)		metery, crematory or					Town, State		22
			of	her place)	alley Me	m. Grdns	s. 2/1						93
4 Donation 5 Oth 21. SIGNATURE OF FUNE		PENSEE	of	her place)	alley Me	m. Grdns	5. 2/1	18/93	Time	oniu	n, MD		93
	HAL SERVICE L		of	her place)	alley Me	m. Grdns	6. 2/1 ACILITY e11-Wi	18/93 iedef	Timo	Inc	n, MD	210	93
21. SIGNATURE OF FUNE Martin 23. PART I. Enter the	D. La	WSON complications the	Du1	aney V	alley Me 22. NAME A Lemmo 10 W.	em. Grdns NO ADDRESS OF F On-Mitche Padonia	s. 2/1 ACIUTY 211-Wi	18/93 iedefo , Timo	Timo eld,	Inc.	210	93 pproxima	te
21. SIGNATURE OF FUNE Martin 23. PART I. Enter the	diseases, or heart failure.	wson complications the	Du1	aney V	22. NAME A Lemmo 10 W.	em. Grdns ND ADDRESS OF FOR—Mitche Padonia Ode of dylng, au	s. 2/1 ACIUTY 211-Wi	18/93 iedefo , Timo	Timo eld,	Inc.	210	210	te twee
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23. PART I. Enter the ehock, or IMMEDIATE CAUSE (I	diseases, or heart fellure.	vson complications the List only one ca	Du1	aney V	22. NAME A Lemmo 10 W. not enter the me	em. Grdns ND ADDRESS OF FOR—Mitche Padonia Ode of dylng, au	s. 2/1 ACIUTY 211-Wi	18/93 iedefo , Timo	Timo eld,	Inc.	210	93 pproximanterval Ber	te twee
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D 15504 30. NAME AND ADDRESS OF PLEASH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2300 Dulaney Valley Road, Baltimore, Md 21204

E. Nakhuda M.D.

02/15/93

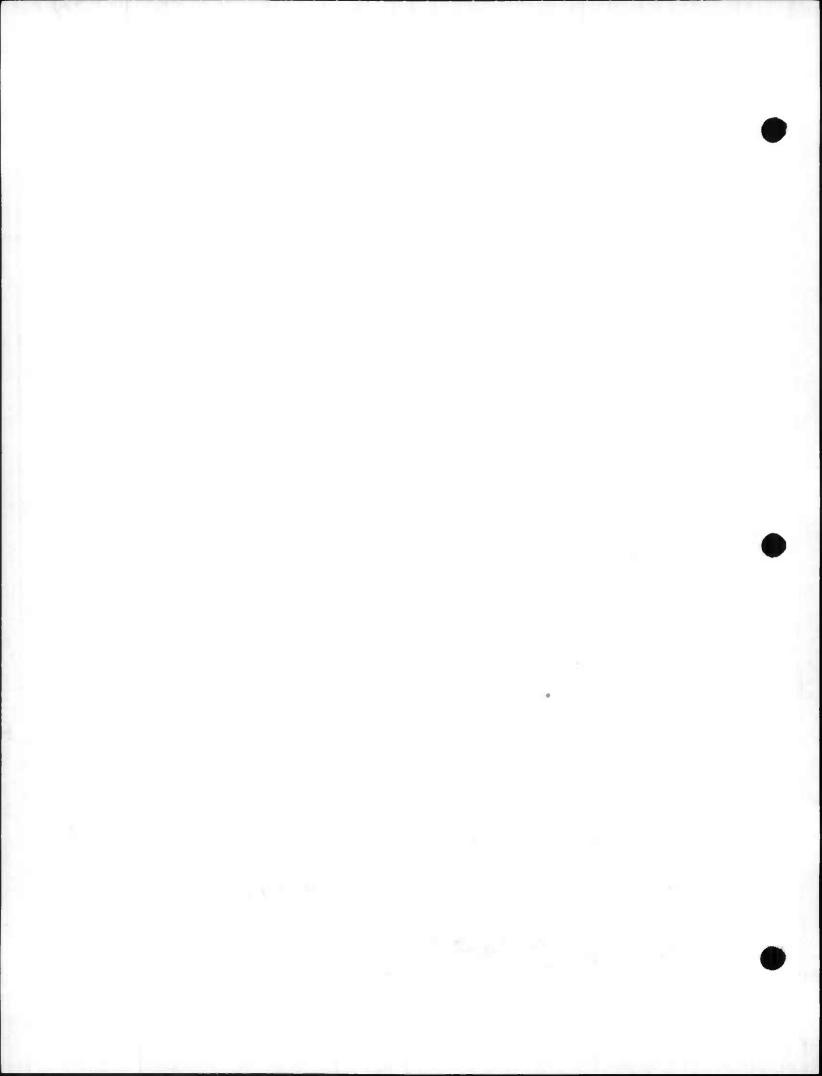


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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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	DR.	SE SE	OULS	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORIANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.			
- 5	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH		3. TIME OF DEATH	
	Hillsman Va	ughan	Wilson			Febru	ary 14.	YEAR 1993		м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 24 HRS.						
	228-28-5052  9e. FACILITY NAME (If not institution, give s	1 M 2 F	64 YRS. M	1251.12	Dec. 29 1928 Virgin:				_	
DIRECTOR	2018 Dumont R		monium		100,111	altin				
E C	10e. STATE 10b. COUNT	Y	TOWN OR LOCAT	ION				10d. INSIDE CITY	$\dashv$	
	Maryland 10e, STREET AND NUMBER	Baltimore		Timoni				1   YES 2X		
FUNERAL	2018 Dumont Roa	d		101	21093		10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 (X YES IF YES, GIVE WAR OR E KOrean Wa	ATES	If yes, sp	ENDENT OF HISPAI Icity Cuben, Mexica 2 XNO Spect	in, Puerto Ricar		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	k done during mo	IN st of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	mile	$\exists$
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Business			W 0				
No	17. FATHER'S NAME (First, Middle, Last)	41	Dustness	Execut			ormick S	<u>pice</u>	Co.	$\dashv$
E C	Joseph Henry Wil	son			Lucy Re					
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street e			City or Town, State, Zi	p Code)		-
유	Mrs. Steuart G.	Wilson	2018 [	Dumont	Road,	Timoni	um, MD	210	93	
- 1	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem	20	D. PLACE AND DATE OF	DISPOSITION (No	ment 2/17/	O P DATE	20c LOCATION -	City or To	own, State	
	4 Departon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	DENSEE / ()	ulaney Va	Liey Me	MOTIAL G	ardens	Timoni	um,	MD 21093	-
	Bryan W. CI	).( lary	_	Len	mon-Mit	chell-V	Viedefeld		n, MD 210	93
	23. PART I. Enter the diseases, or other diseases,	complications that cause	d the death. Do not	enter the mo	de of dying, suc	h aa cerdlac	or respiratory ar	reat,	Approximate	
	IMMEDIATE CAUSE (Final	clat Only one capacity	1	,					Onset and De	
	disease or condition resulting in death)	a	andria a	enert	_					
Ш		DUE TO (OR AS	A CONSEQUENCE OF):							
ON	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									_
¥	if any, leading to immediate cause. Enter UNDERLYING	_							1 1	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		<u>-</u>					
ᇤ	resulting in death) LAST	d								
	PART II. Other significant condition	as contributing to death i	out not resulting in	the underlying	ceuse alven in	Part I 24a	. WAS AN AUTOPSY	246	WERE AUTOPSY FINDING	00
CAL			at not resulting in	are arraerry are	Couse given in		PERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE	-
MEDIC						_ 10	YES 2 NO		OF DEATH?	
						_			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		26. PL	ACE OF OEATH (Ch	eck only one)				
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	e 5 🗆 Rasidence		activ)			
Ŧ	27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	URY AT		BE HOW INJURY OC	CURED		$\dashv$
ВУР	1 Netural 5 Pending 2 Accident Investigation	(WORLI, Day, rear)	INJUN		RK? 'ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, term, stre cify)	et, factory, offic			N (Street end Numbe wn, State)	r or Rural i	Route Number,	
	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	uladaa daath a	et the the	and alone at 4.5					-
COMPLETED		R: On the basic of examination							e) end menner as stated.	
BE C	296. SIGNATURE AND JUTLE OF CONTIFIED	1/			29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
10.8	OVU	85			H-187	42	▶F	ebru	uary 14,19	93
	James C. Ricely	MD PA 65	65 N. Cha		t. Tows	son. M	aryland	212	204	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAL CONTRACTOR	ATU TO			,	7			
	FEB 1 6 1993	Market de la contraction de la								



TO THE HOSPITAL OR ATTENDING PARTIES AND THE WINDOW REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	etache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1	EARL	L. W	VENTZ							February	15.1	YEAR	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
9	210-12-3823		1 🗷 M 2 🗌 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 14,19	26	Country	ennsylvania
	9a. FACILITY NAME (If not in		9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH									
5	7 Stonewain Court					Towson Baltimore				more			
5	RESIDENCE OF DECEDENT					c. CITY, TOWN OR LOCATION 10d. INS							
DIRECTOR	Maryland	10b. COUNT	ltimore		_		TION					10d. INSIDE CITY LIMITS?	
			Tows						1 TYES 2 TO NO				
FUNERAL	100. STREET AND NUMBER 7 Stoney	10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?					
N.	11. MARITAL STATUS	21204							J.S.A.				
	1 Never Married 2	Married	FORCES? 1	YES 2 N	NO II ves. specify Cuben, Mexican, Puerte				n. Puerto Rican. etc.)	or No-	14. RACE Black,	— American Indian, White, etc.	
B	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES	WWll		1 TYES	2 X NO	Specify	c:		Specify	y: White
8		EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
4	Elementary/Secondary (0		College (1-4 or 5					ost of working	ng				
를	10			Tr	uck	Driv	er			Baltimo	re S	Sun Pa	aper Co.
COMPLETED	17. FATHER'S NAME (First, M UNKNOWN	liddle, Last)								ME (First, Middle, Maiden	Sumame)		
H				WENTZ					UNKN	- 11-1			JNKNOWN
p	19a, INFORMANT'S NAME (1)  James R. Say			196						Noute Number, City or Town			L204
	20a. METHOD OF DISPOSIT	4							۲, ۱		-		
	1 X Buriel 2 Crematic	on 3 🗆 Rem	oval from State	20b. PLACE A complety, cree Garri	SOn	ther place!	st C	emet	erv	DATE 20c. LO 2-18-93 OW	ings	Mil]	ks, Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC						ND ADDRE					7
	> Wall	loves	CRI	man de c	)					meral Home			
	23. PART I. Enter the d	Iseeses or o	complications the	t caused the de	eth Dor	10	50 3	cork	Road	, Towson,	Md.	21204	
	shock, or h	eart fellure,	Liet only one cer	ise on each line	1							rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fir disease or condition	nal	Me	taska!	tic.	Can	111	1 mu	10	Jlung			9 month
	resulting in death)		B. DUE TO	(OR AS A CONSEC	WENCE OF	Fi.	~~;		-	0			1 mourn
Z	1200-001001-001	-	b.			_	_						1 1
CERTIFICATION	Sequentially list condit if any, lesding to imme	diete	DUE TO	(OR AS A CONSEC	UENCE OF	ŋ:							
일	cause. Enter UNDERLY CAUSE (Disease or Inju		e,	IOR AS A COMSEC	UENCE O		_						
틅	that initiated events resulting in death) LAST												
		•	d										
EDICAL	PART II. Other significe	ent condition	e contributing to	death but not n	suiting	In the ur	nderlyin	g ceuse (	given in	Part i. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
9			/							1 _ YES 2			COMPLETION OF CAUSE OF DEATH?
Æ		_/											1 _ YES 2 _ NO
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE DF D	EATN (Che	ck only one)			
ı	1 TYES 2 ND			ER/Outpatient 3		4 🗆 Nur	sing Horr		eldence	6 Other (Specify)			
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, E	INJURY lay, Year)	28b. TIM INJ	E OF URY	WC	JURY AT DRK?	¬	28d. DEŞCRIBE NOW I	NJURY OC	CURED	
BY	2 Accident	investigation	28e, PLACE C	F INJURY — At hor	ne farm c	treet feet		YES 2	_ DN _	261. LOCATION (Street a	and Atomba	as Russi O	and African have
		Could not be determined	building,	etc. (Specify)	,, .	Missi, Inc.	ory, orne	•		City or Town, State)	ina Numoe	r or Hurai Ho	oute number,
9	29a. CERTIFIER 1 CERT	IFYING PNYSI	CIAN: To the heet of	my knowledge des	th conver	d ed 85 - 6	ima data			to the cause(a) and mar			
COMPLETED										to the cause(a) and mar time, data and place, an			and manner se stated.
Ü	296. SIGNATURE AND THE			11					ENSE NUN				(Month, Day, Year)
00	Asa	of la	. dal	en	-			DI	071	8	Þ	2/15	193
일	30. NAME AND ADDRESS OF	Walen,					5.5	Dileo	arri 1	le, Maryla	nd	21208	2
	*				COUL	C KO	au,	TYE	PATT	Te' Harara	iiu	21200	
	31. DATE FLEB (MONTH COM	993		in's signature	82								
			U										

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be retai	le 5 sh		e notif
6 may	tor, pag		nst p
Page .	al direc		lner m
r death.	he funer	- E	exam
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2	y filled	rtion, or	the m
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execute	and co	o burial	natic
ate be	nysician	prior t	r traur
			465
certific	d bulb	Hygiene	r oth
a death certific	# attending pl	Wantal Hygiene	Jury, or oth
mat the death certific	ed by the attending pl	th and Mental Hygiene	any injury, or oth
the that the death certific	a attending pl	M Neutra and Mental Hygiene	Mows any injury, or other
in the section of the	be the three by the attending pl	Dem of Naturn and Martal Hygiene	m 23 affows any injury, or other
TAN THE TO SEE THAT THE death certific	rates and per street by the attending pl	he State Death of Health and Mental Hygiene	or item 23 shows any injury, or oth
PHYSICIAIN The Text that the death certific	this certificate that the tabled by the attending pl	with the Sale Dell, of Health and Martal Hygiene	irked, or item 23 shows any injury, or oth
NOING PHYSICIAN THE TO SEE THAT THE death certific	3; After this certificate the Different by the attending pl	ir death with the Site Dest. A hustin and Mental Hygiene	Is marked, or item 23 shows any injury, or oth-
R ATTENDING PHYSICIAN THE TAX AND ASSESSED CERTIFIC	RECTOR: After this certificate that Breef to the attending pl	urs after death with the Sittle Desir of Health and Mental Hygiene	im 28 is marked, or item 23 shows any injury, or oth
PITAL OR ATTENDING PHYSICIAN: INC. TO CHARTE THE DEATH CERTIFIC	RAL DIRECTOR: After this certificate beat beat three by the attending pl	n 72 hours after death with the sale Desir of Hours and Martal Hygiene	f. If Item 28 is marked, or Item 22 shows any injury, or oth
TO THE HOSPITAL OR ATTENDING PHYSILIAN THE TO THE THAT THE BEST CARTIFICATE DE EXECUTED WITHIN 25 TOURS After death. Page 6 may be retained by the hospital properties of the	TO THE FUNERAL DIRECTOR: After this commission of the property of the detached of the funeral director, page 5 should be detached.	d within 72 hours after death with the sale Death of blatth and Wantal Hygiene	IMPORTANT: If Item 28 is marked, or item 23 amount any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 _ STATE	STATE OF MA							93	0364	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	T. WO	RTHU		TOAL	DEATH	2 DATE OF DEA	ITN  DAY  O2		3. TIME OF DEATH  9:40 P M	
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, V	TH (bar)	Country)	LACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give stre Western Maryland Center RESIDENCE OF DECEDENT		% CITY, TOWN O	OWN, MD	EATN		ec. county of DEATN Washington				
DIRECTOR	10e. STATE 10b. COUNTY	INGTON		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 T NO		
FUNERAL	100. STREET AND NUMBER 1500 PENNSYLVA	NIA AVE	NUE		101	2174	2	10g. CI	US	A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	EVER IN U.S. ARM YES 2 X NO R OR DATES	MED O	'If yes, sp	ENDENT OF NISPA ecity Cuben, Mexico 2 NO Spect	an, Puerto Rican, e		14. RACE - Black, Specify.	American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (9-12)	ATION ompleted) College (1-4 or 5+)	(G/s	ve kind of	USUAL OCCUPATION Work done during modes retired.)		16b. KIND (	OF BUSINESS/II	NDUSTRY		
COM	17. FATHER'S NAME (First, Middle, Leat)						AME (First, Middle, I		)		
TO BE	John Thomas Wo		19b		ADDRESS (Street	and Number or Rural		or Town, State, 2			
F	Julia Daniels  20e. METHOD OF DISPOSITION 1	THE PARTY OF	20b. PLACE ( other ple	OF OISPO	A W. F. sition (Name of cell delication)	metery, crematory or	2	0c. LOCATION	— City or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LICE	O. L	ap	H	LERO: 4600	ND ADDRESS OF FA Y O. DY LIBERT	ETT & Y HEIG	HTS A	VENUE		
	23. PARTA. Enter the disease, of controls, or heert failure Li IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	et only one ceus.	ceused the dece on each line.  Manual Company of the company of th	G		de of dying, suc	ch ea cerdlec or	reepiratory :	arreet,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PROPRINGS ANALISE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO  1 YES 2 NO										
SICIAN		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	LACE OF DEATH (C		lfy)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation	28s. DATE OF II (Month, De)	y, Year)		M 1	JURY AT ORK? YES 2 NO	28d, DESCRIBE				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, e	INJURY — At hore. (Specify)	me, farm,	atreet, factory, offic	ce .	26f. LOCATION City or Town		ber or Rural Ac	oute Number,	
COMPLETE	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 111	ົດ			29c. LICENSE NU	IMBER Co 416		ATE SIGNED	(Month, Day, Year)	

296. SIGNATURE AND TITLE OF CERTIFIER

HAD MULLO, Chan M.P.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WESTERN WARYLAN D

I AND F CHAN, M.P. WESTERN WARYLAN D 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER CENTER TO

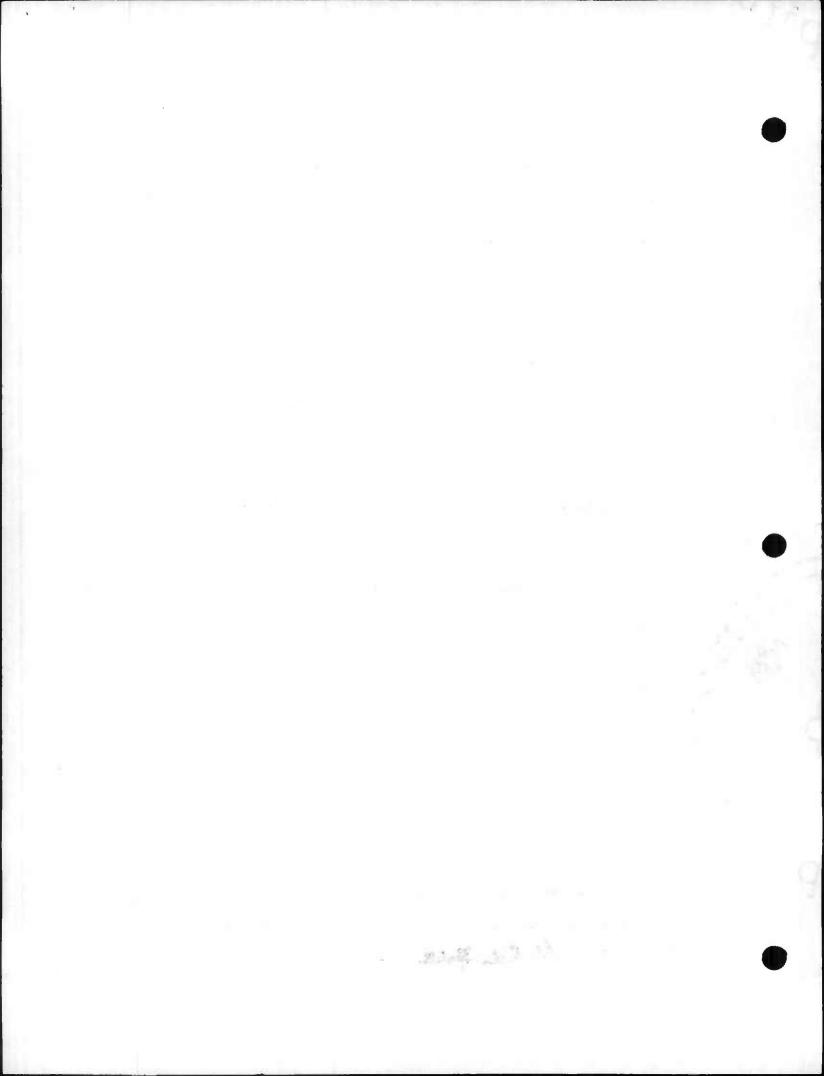
POSE M
31. DATE FILED (Month),
FEB 16

ı		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	413	1. DECEDENT'S NAME (First, Middle, Lest)  Roy WOLNITZEK  2. DATE OF DEATH MONTH DAY YEAR 7 12AM  7 12AM
29		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  Country)  Oh 10
2, 3 should	TOR	Se. FACILITY NAME (If not Institution, give street and number)  Sh. CITY, TOWN OR LOCATION OF DEATH  PRINCE GEORGE'S  Sh. CITY, TOWN OR LOCATION OF DEATH  PRINCE GEORGE'S
. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  ANN ARUN del  LAUREL  10d. INSIDE CITY LIMITS? V.V. 1 Ures 2 (V)NO
nsit permit.	ERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  USA  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?
215-0020 attending physician. se as the burlat-transit	BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 100 IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Caban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 VES 2 NO Specify:  Specify:
D 21 spital or ed for u	APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)
YLA by the	E COMPL	17. FATHER'S NAME (First, Middle, Lest)  Albert L. Wolnitzek  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Mildred T. Brinkman
ay be retained bage 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print)  Matthew A. Wolnitzek  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  400 Kent Avenue, Pasadena, MD 21122
ORE 6 may rector, pa		20s. PLACE AND DATE of DISPOSITION A Donation 5 Other (Specify)  20b. PLACE AND DATE of DISPOSITION (Name of Commentary, cremetory, or other place)  Lakemont Memorial Gardens  20c. LOCATION — City or Town, State  Davidsonville, MD
SALT r death. e funera al. examin		22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707.
within 24 hours npietely filled in the cremation, or relevant, the median		23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximata interval Between Onset and Death  Onset and Death
P.O. BOX 687.  th certificate be executed ending physician and con it. Hygiene prior to burial, or other traumatic en	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
Menta at 10 S.	AL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO
Shows an	MEDIC	1   YES 2   NO   NO   NO   NO   NO   NO   NO
Certificate has the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  1 Input left 2 PER/Outpetient 3 DA A Nursing Home 5 Residence 8 Other (Specify)
PHYSICI. This cert with the	BY PHY	27. MANNER OF DEATH  1   Inpatient 2   DOA   4   Nursing Home 5   Rasidence 8   Other (Specify)  27. MANNER OF DEATH  1   Short of Death   Sho
OR ATTENDING DIRECTOR: After nours after death tem 28 is ma	ETED B	3 Suicide 6 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
¥ 4 2 5 5	COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER  Deputy Medical 29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  Deputy Medical 29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  27 - 2 - 93
0	5	PAIA DE VORE, MA 4203 QUELANDO MY ATTENTION OF DESTROYS SIGNATURE
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		FOR STATE REGISTRAR	STATE OF MARY					EALTH A		TAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)  A SOCIAL SECURITY NUMBER	ADOLPH S. SEX 6. AGE	HEN		WAGNI			-	2 13		73°	TIME OF DEATH
pino		213-03-7981  9a. FACILITY NAME (If not institution, give s	1 × M 2 - F	78	YRS.	MONTHS	DAYS		08-	ATE OF BIRTH fonth, Day, Year) -04-1914		MARY]	
. 2. 3 sh	TOR	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  N/A  RESIDENCE OF DECEMENT											
permit, Pages 1, 2, 3 should	DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL				URNI			-		Dd. INSIDE CITY LIMITS?  UYES 2 1 NO	
it permit.		10e. STREET AND NUMBER				<u> </u>		ZIP CODE		_		EN OF WHA	AT COUNTRY?
-0020 ing physician. the burial-transit	BY FUNERAL	905 WAGNER ROAD  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X N	AED O	- 1	If yes, spe	21060 ENOENT OF H city Cuban, N 2X NO	Mexican, Pue	IGIN? (Specify Yes rto Rican, etc.)		Specify:	American Indian, White, etc.
21215 al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gh life.	Do NOT us	ork done o retired.)	during mos	it of working		16b. KINO OF BUS		STRY	WHITE
MARYLAND retained by the hospits 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A	STA	TION	ARY	ENGI			HARBOR	Surname)		Enc
MARY retained b	TO BE	ROBERT RUKUS  19a. INFORMANT'S NAME (Type/Print)	WAGNER					nd Number or		MAGAD I	n, State, Zip (		EKS
ORE, Percentage Sector, page Se		ANNA M. WAGNER  20a, METHOD OF DISPOSITION 1 Disposition 3 D Ram 4 Donation 8 Dother (Specify)	oval from State C6	b. PLACE A metery, cren HOLY	ND DATE O	F DISPOS	ITION (Nar	ne of			D 210 CATION — C BALTII	lty or Town	
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF TUNERAL SERVICE LIC		S	Z)	22.1	NAME AN	D ADDRESS	OF FACILITY		ron Fu	JNERA	L HOME
BOX 68760, fifezte be executed within 24 nours on physician and completely filled in the prior to burial, cremation, or record of other traumatic event, the median	CERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Chronic M  OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQ	NOU) UENCE OF	leuk bloc	cont				iratory arre	st,	Approximate interval Between Onset and Death 4 years 4 days
AL RECO	MEDICAL	PART II. Other significant condition	a contributing to death	but not re	eauiting i	n the un	derlying	cause give	en in Part i	24a. WAS AN PERFOR 1 TYES 2	RMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 DONO
S ept ept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:				R: sing Home		ence 8 🗆 (	Other (Specify)			
ON O DING PHY After this death with	B√	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp.	Y — At hon	26b. TIME INJI	JRY M		RK? ES 2 N	261.	OESCRIBE HOW I	and Number o		te Number,
로로	COMPLETED	29a. CERTIFIER (Check only 1 COCERTIFYING PHYSI	CIAN: To the best of my kno										nd manner as stated,
TO THE HOSPI TO THE FUNEF be filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES  (J. Lyez Mil.  30. NAME AND ADDRESS OF PERSON WH	D) Medre(	Nesrols	- 1	St.		29c. LICENS	SE NUMBER		29d. DATE	SIGNED (M	Jonth, Day, Year)
0,		Jet Lupe & MD  31. DATE FILED (Month, Day, Year)	Many Haspital  32. REGISTRAR'S SIG	30		-	1 760	e ?	Sex	nd ri	201		
• 1		FEB 1 6 1993	the Builden 19	mes III.									OHMH-16 Rev 1/8

OHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE (	OF DEAT	ГН	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) Frank Joseph Zika	AKA Fr	ancis					2. DATE OF DEATH FED. 12,	4003	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthdev)	IF UNDER 1 YE	AR IF UNDER	24 MPS	7. DATE OF BIRTH	1.773		3:45 P.M. M	
	705-09-1469	1 💢 M 2 🗆 F	92	YRS.		YS HOURS	MIN.	Nov. 3, 190	0	Country	yland	
œ	9a. FACILITY NAME (If not institution, give str	eet and number)				WN OR LOCATI		ATH		INTY OF D		
<u>Š</u>	4909 Ridge Road Baltimore Baltimore											
DIRECTOR	Maryland B	altimore		10c. CIT	Y, TOWN OR L	cation			-		10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	- CINOTO			Dal	101. ZIP CODI	F		I soo CIT	IZEN OF W	1 TES 2 NO	
FUNERAL	4909 Ridge Road 21237 U. S.											
B	11. MARITAL STATUS  1 X Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARM YES 2/2/NO MR OR DATES	IED D	If ye		n, Mexicer	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACE Black Specif	— American Indian, i, Whits, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Giva	e kind of a	USUAL OCCU	PATION g most of working	na	16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5 + NA	·) Hfo. L	Do NOT us	e retired.)	Agent	•	Railr	oad			
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTH		ME (First, Middle, Meiden	,			
BE	Peter Zika  19s. INFORMANT'S NAME (Type/Print)		100		1000000 /0			rie Troch				
2	Charles Turek (Ne	phew)						timore, M				
	20s. METHOD OF DISPOSITION 1 N Burls 2 Cremation 3 Ramo	val from Stats	20b. PLACE AN Cometery, cress HOLY R	NDDATE	OF DISPOSITIO	N (Name of		OATE 20c. LO	CATION -	City or To		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	HOLY K	eaee		E ANO ADDRES			altin	more,	Md.	
	· Eugene	V to	ista	> /_				eral Home Lane, Balt		≥. Md	. 21213	
	23. PART i. Entar the diseases, or co shock, or hasnt failure. K	omplications that	t Coused the dee	th. Do r	not enter the	moda of dyi	ng, such	ss cardiac or resp	iratory sr	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine)		le Cir	dia	c Arr	hyth	mic				Onset and Daath	
z		Atric	1 4-1 .	. 1	,	3						
CERTIFICATION	Sequentially list conditions, If any, lasding to immediata	DUE TO	OR AS A CONSEQU	JENCE OF	n:							
FIC	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	Corona DUE TO	OR AST CONSEQU	JENCE OF	2:0	VIJea	SC					
EHT	resulting in daeth) LAST											
	PART ii. Other aignificant conditions	contributing to	death but not re-	suiting	in tha under	ying cause g	iven in i	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
DICAL								PERFOI			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME								_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE OF O	EATH /Cha	at anti and				
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:			B Other (Specify)				
PHYSICIAN: MEI	27. MANNER OF DEATH	28s. DATE OF (Month, De		28b. TIM INJ		INJURY AT WORK?		28d. OESCRIBE HOW	NJURY OC	CUREO		
à l	2 Accident Investigation	28a DI ACE OI	E IM HURY As box	- 4		YES 2	NO					
COMPLETED	3 Suicids 8 Could not be detarmined	building,	F INJURY — At hom etc. (Specify)	18, FBFTTT, 1	areet, isctory,	DITICS		281. LOCATION (Street: City or Town, State)	and Number	or Rumi A	oute Number,	
7								to the cause(s) and ma				
S	2 MEDICAL EXAMINER	On the basis of sx	amination and/or im	vestigatio	n, in my opink	n, death occur	ed at the t	lime, dats and place, ar	d dus to th	te cause(s)	and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	m	Resida	nt F	hypicia	29c, LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS						В	alto.	, Md	3 6 ( 3	
	Dr. Augusto DeLeon 31. DATE FILED (Month, Day, Year)	n Jr., F	ranklin	Squa	re Hos	pital,	90	000 Frankl	in Sc	1. Dr		
	FEB 1 6 1993	Julia Den	idow - Hone	4								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pays TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bart be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

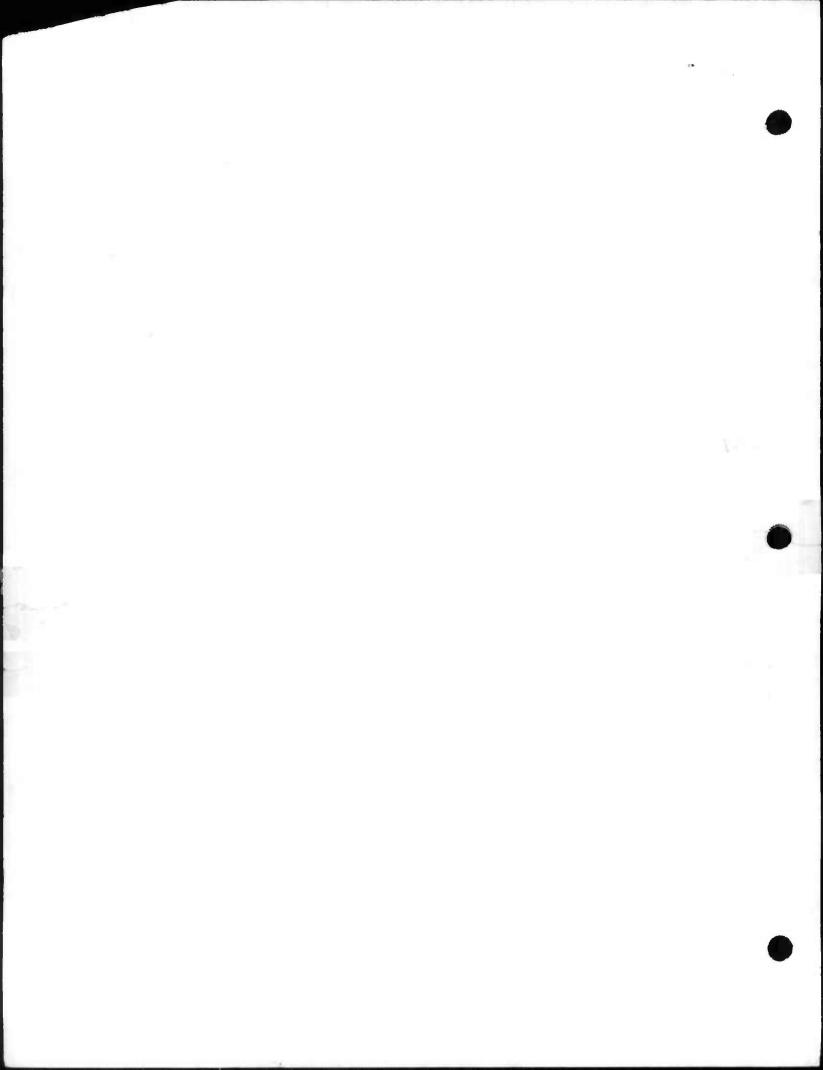
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT	OF HEALTH	AND N	MENTAL HYGIEN		3 03040	
	1. DECEOENT'S NAME (First, Middle, Last)		0211111		0. 01		2. DATE OF DEATH		2 TIME OF DEATH	
	ENRIQUE	ARZU						1000	2105 PH	
Н	4. SOCIAL SECURITY NUMBER	1 N 1 D E	yrs. lest birthday) YRS.	IF UNDER 1	YEAR IF UNDER	MIT!	(Month, Day, Year)	Co	IRTHPLACE (State or Foreign ountry)	
	9a. FACILITY NAME (If not institution, give s	. 00	1110.	9h CITY	TOWN OR LOCATI	ON OF DE	5/	23/04 GI	Natemala DE DEATH	
Œ	THE JOHNS HOPKIN				IMORE (				ORE CITY	
12	RESIDENCE OF DECEDENT									
									10d. INSIDE CITY LIMITS?	
	n/a	n/a n/a 1 □ yes 2 □  ymber 10g. CITIZEN OF WHAT COUNTRYS								
RA	10g. CITIZEN OF WHAT COUNTRY  n/a  n/a									
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN		13. W	AS DECENDENT	OF HISPAN	IIC ORIGIN? (Specify Yes	or No Gual	RACE — American Indian, Black, Whits, etc.	
1 11	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT			yes, specify Cub:		n, Puerto Ricen, etc.)		Specify:	
D BY	15, DECEDENT'S EDU	OUTTON:	16a. DECEDENT'S		OLABATION.		18b, KIND OF BU	CIMERO (MICHET	White	
	(Specify only highest grade	completed)	(Give kind of	work done do	uring most of work	ing	ISB. KIND OF BU	SINE 35/INDUSTR	nr	
12	High School	College (1-4 or 5 +)	Taduat	~~ C	Real Es	+ > + 0	Indust	rialia	-	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		_111005	· Y ~			ME (First, Middle, Malden			
BE C	Enrique Arzu				Ma	ria	Cobos			
10 E	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow			
-	Mercedes Wilson	1000	5929				uthian, MI	20713 CATION — City		
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremstion 3 Rem 4 Donation 6 Other (Specify)	loval from Stats	other place)		0.000	matory or		atemala	Guatemala	
	21. SIGNATURE OF FUNERAL SERVICE LI		General		IAME AND ADDR	ESS OF FA		remara	CILV	
	101.1	. 21	1/				al Home			
	23. PART i. Enter the disesses, or	complications that caused	the death Do				en blvd. I			
	shock, or heart fallure.	List only one cause on ee	ch line.		110 111000 01 0	ying, out			interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disesse or condition	Cerebrov	ascula	- te	cciden	+			36 hrs	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	OF):						
Z	Sequentially list conditions,	DUE TO (OR AS A	3 fenos,	C						
ATIC	If any, leading to immediate cause. Enter UNDERLYING	Cervical		0F):	Lana.				48hrs	
FI	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A		OF):	10109					
CERTIFICATION	resulting in death) LAST	d								
	PART II. Other significant condition	ns contributing to death br	ut not resulting	In the un	derlying cause	given in	Part I. 24s. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL							PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
ED				_				2   110	OF DEATH?	
Σ							_		7	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			T	26. PLACE OF	DEATH (C/	heck only one)			
/SIC	1 TYES 2 NO	HOSPITAL: 1 inputient 2 ER/Outp	atient 3 🗆 DOA	4 Nun		Residence	6 Other (Specify)			
PH.	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	26b. T	IME OF NJURY	26c. INJURY AT WORK?	The state of	28d, DESCRIBE HOW	INJURY OCCUR	EO	
B	2 Accident Investigation	2 - (4 - 4 3 26a. PLACE OF INJURY	- At home, ferm	3 (		NO	28f. LOCATION (Street	na wry	Sural Route Number	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	effy)	i, etteet, teet	ory, ornes		City or Town, State	•)	to at the training,	
	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowl	ledge, death occu	rred at the ti	me, data and pla	cs. and du	s to the cause(s) and m	anner as stated.		
NMP.	ene)	IER: On the basis of examination							suse(s) and manner as stated.	
	206 SIGNATURE AND TITLE OF CERTIFIE	ER L				CENSE NU		29d. DATE SI	GNED (Month, Day, Year)	
D BE	sould, all	towski M)			D3	56 13	538	▶ 2 -	14-13	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (7)	pe, Print)	FAIN					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S CICH	ATURE	SH	u NO					
	John Ulafowski 2809 BOSTON ST BAT MD  31. DATE FILED (Month, Day, 1607) FEB 16 1993  32. REGISTRAR'S SIGNATURE FEB 16 1993									



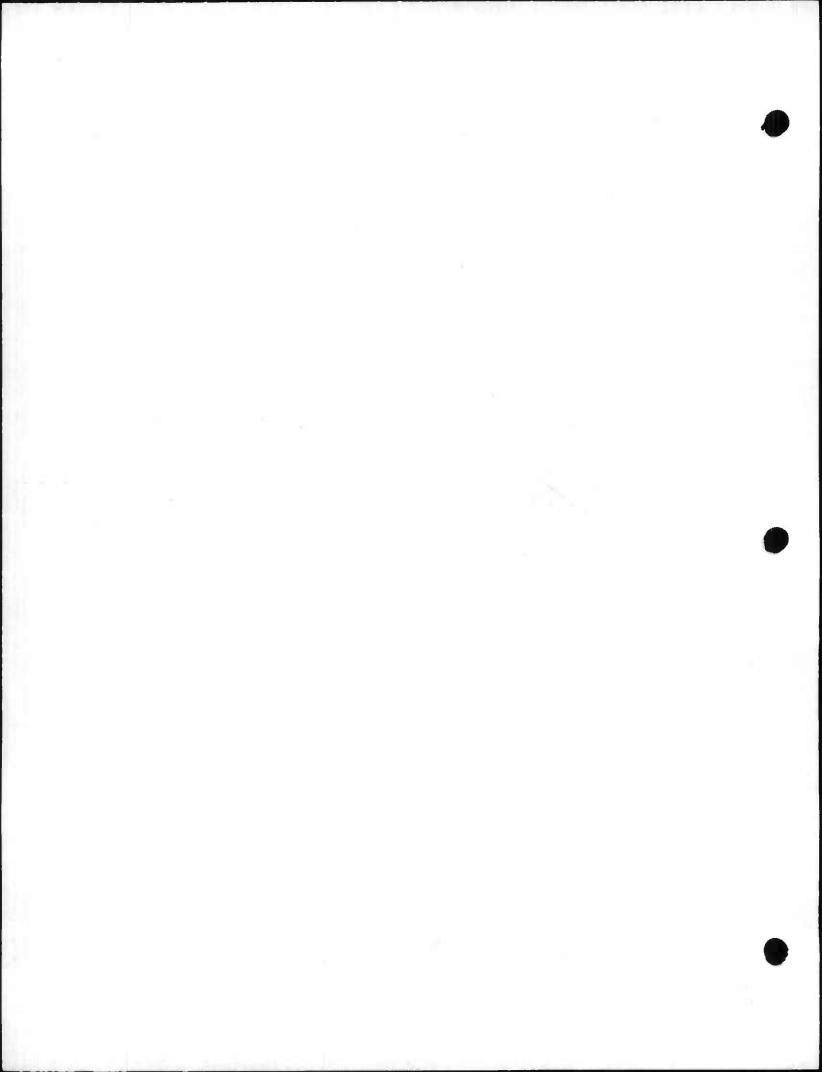
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OF VITAL	
DIVISIONO	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH Andrezywst 415 zah A SOCIAL SECURITY MINUSED 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) Feb. 24, 1919 1 - M 2 F 73 VDS Maryland use as the burlal-transit permit. Pages 1, 2, 3 should FACILITY NAME 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland was 55 -! TES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 427 Bainbridge Rd, 21904 USA 24 hours after death. Page 6 may be retained by the hospital or attanding physician. filled in by the funeral director, page 5 should be detached for use as the burla-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie Specify White BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Homemaker Own Home Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Philip J.Callahan BE Elizabeth notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 Mr.Sofron Hankewycz Bainbridge Rd, Port Deposit, Md. 21904 20b. PLACE AND DATE OF DISPOSITION (Name of Cemt. pe 20s. METHOD OF DISPOSITION
XXBurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State must ematory or other place) Cem Chaels Ukranian 2/16 Balto.City, Md. 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE McCully Funeral Home, 130 E. Fort Ave or removal. event, the medical 23. PART L. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, mending physician and completely filled in by Approximate andck, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition resulting in death) SKNO PULMONARY ARES DUE TO (OR AS A CONSEQUENCE OF) pecuted prior to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease Dr Injury or other ma Hygiene DUE TO (DR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Item 23 shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 ND certificate has bee PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 | 60 OR ATTENDING PHYSICIAN: ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28s, DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED HI.M marked, 1 Natural 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 8 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide If Item ? 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and ma HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do 29b. SIGNATURE AND TITLE OF CERTIFIER 8 amas 4. Diange 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bion DO CKION A 02. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 Sciolal: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
S after s by th remova	
filled Ir	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATELIANG PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death, with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARY			ENT OF H		MENTA	L HYGIEN			030	50	
	1. DECEDENT'S NAME (First, Middle, Lest)  CLARENCE	LE	BAR	NE	5		2. DATE	OF DEATH D	"13 g	1 3 1	2.75	PM	
	4. SOCIAL SECURITY NUMBER  5. SEX 1 M 2 F  6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Morth, Day, Yea March) 1 M 2 F								8. 38 SeptimeLace (State or Foreign Maryland				
TOR	90. FACILITY NAME (II not institution, give stre Greater Battimore RESIDENCE OF DECEDENT	Conte			I MOR		SC. COUNTY OF DEATH BALTIMORE						
Baltimore									Od. INSIDE CITY LIMITS? X YES 2				
1   Never Merried 2   Married   FORCES? 1   YES 2   NO   It yes, specify Cuben, Mexicen, Puerto Rican, etc.)   Black, \    3   Wildowed 4   Divorced   If YES, GIVE WAR OR DATES   1   YES 2   NO Specify:   Specify:								U.S.	AT COUNTRY?				
								- American India White, etc. Black	in,				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Die Cutter  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.)  Die Cutter  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surreme)													
	17. FATHER'S NAME (First, Middle, Leet)	eroy C. Baı	nas			18. MOTHER'S NA		Middle, Melden et Car	,				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. (			nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip C				
	Mable R. Ba  20e, METHOD OF DISPOSITION 1 IX Burlel 2 Cremation 3 Remov				1cyon		ltim	ore, M	arylar		21214		
	4 Donation 6 Other (Specify)		emetery, creme	arkwo	od Cem	etery	2-				ryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Kauw			1206 W	. North	Ave.	Balt	o. Md.	. 2	Comm. 1217	F.H.	
ERTIFICATION	23. PART I. Entar the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEOU A CONSEOU	FAIL ENCE OF):	enter tha mod		th me cere	flac or reapi	ratory arrea	۹,	Approxima interval Be Onset and	tween	
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	contributing to death	but not rea	ulting in ti	ne underlying	ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	AA CC OI	ERE AUTOPSY FIN WAILABLE PRIOR 1 OMPLETION OF CI F DEATH?	TO AUSE	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		01	26. PL	ACE OF OEATH (Ch	eck only on	ne)					
BY PHYS	27. MANNER OF DEATH  1 Meturel 5 Pending	28a, OATE OF INJURY (Month, Day, Year)		DOA 4 E	28c. INJU WOI		_	r (Specify) CRIBE HOW II	NJURY OCCU	RED			
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home ecify)	, ferm, stree	t, tactory, offica			ATION (Street e or Town, State)	and Number or	Rural Rout	te Number,		
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICI 2 MEDICAL EXAMINER:										nd manner as sti	ated.	
IO BE	296. SIGNATURE AND TITLE OF CENTIFIER	e		1. D		DH30	MBER 03	>	29d. DATE S	10NED (M	onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	SMORE TEN	EATH (ITEM 2		MC-								
	FEB 17 1993	34 REGISTRAR'S SIG	NATURE										



BALTIMORE, MARYLAND 21215-0020

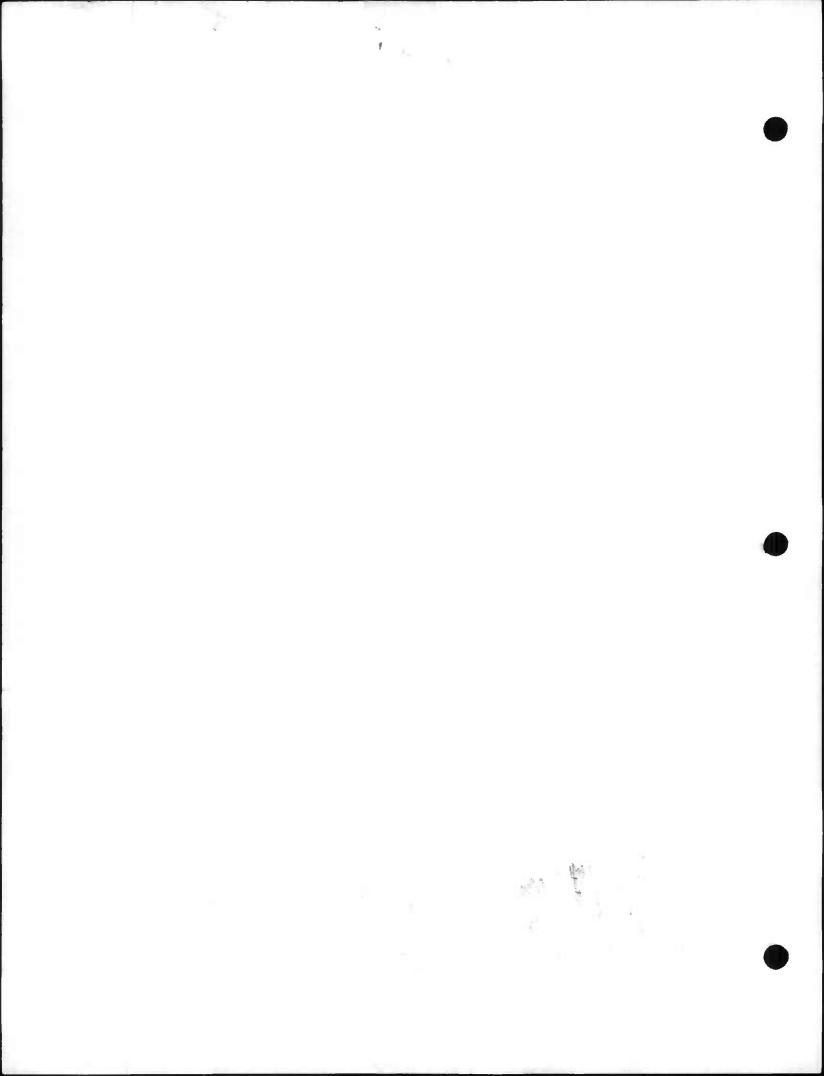
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
	1

2. DATE OF DEATH 3. TIME OF DEATH YEAR **BABY** GIRL BRANCH 1993 0.105:43 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 M 2 F 12/ 11/ 92 Maryland filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE\_CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore City City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 36 Solar Circle Apt E 21234 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at unknown Delores Branch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Delores Branch 36 Solar Circle Apt E Baltimore, Md 21234 ě 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must HOSP. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.H.H. J.H.H. medicei 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Betwe 6 IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition signed by the attending physician and completely Health and Mental Hyglene prior to burial, crematic recrotin event, resulting in death) O (DR AS & CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hyglene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST arluse 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO has been s Dept. of H n 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem DIRECTOR: After this certificate hours after death with the State HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | NO ne 5 🗆 Residence 8 🗆 Other (Specify) 6 4 Nun 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED merked, 1 Natural BY 1 YES 2 NO 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 3 Suicide 6 Could not be Item 28 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. FUNERAL within 72 I IMPORTANT: If 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 물물을 340 10 6 1-24-93 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ather ine h WOL FFB 17 1993 32-REGISTRAR'S SIGNATURE

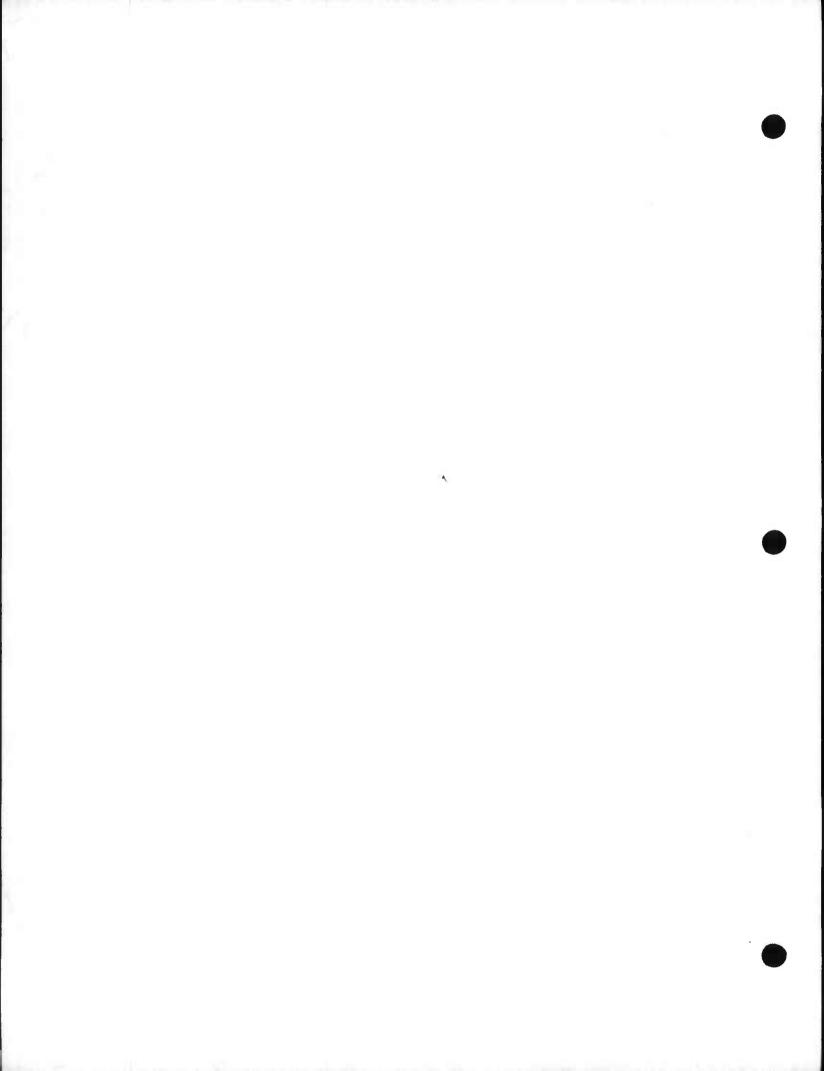
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



FOR STATE REGISTRA	٩R
1. DECEDENT'S	NAI
MARY	J
4. SOCIAL SECU	AIT
213-28-	9
9a. FACILITY NA	ME
am	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

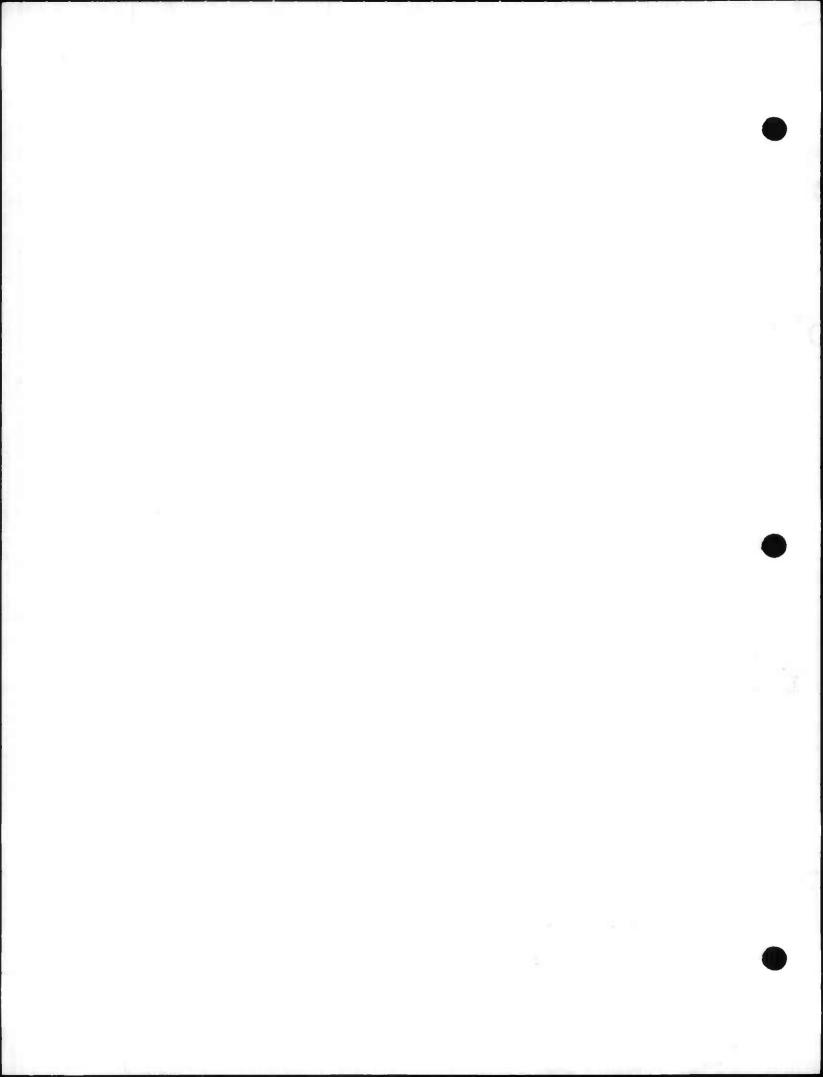
		-			10/11/		בבת	, , ,	, n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  MARY JANE BUCKI	NGHÂM RV	JA	NE					2. DATE OF E	DA 13		YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	8. AGE (In yrs. les	rrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7					70.			LACE (State or Foreign		
	213-28-9267	1 🗆 M 2x 🗗 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Den) JUNE	( Year)	931	Country)	YLAND
GALSE!	9a. FACILITY NAME (If not institution, give s	,			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	NTY OF DE	ATH
DIRECTOR	ST. AGNES HOSE	PITAL		BALTIMORE									
Di	The second secon											10d, INSIDE CITY	
	MARYLAND		100.01		LTIM						- 1	LIMITS?	
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF WI	HAT COUNTRY?
FUNERAL	1212 JAMES STREET	Γ					2122	3				U.S	.A.
ا جُ ا	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13,	WAS DEC	ENDENT (	OF HISPAN	HC ORIGIN? (Sp	ecify Yes	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		-   '	1 TYES	2. NO	Specify	n, Puerto Rican	, etc.)	7		WHITE
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL O			ina	16b. KIN	D OF BUS	SINESS/IND	USTRY	-
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	) We.	DO NOT U OMEM	se retired.)								
COMPL	17. FATHER'S NAME (First, Middle, Last)		110	OFIEFL	AKEK		10 MOT	WED'S NA	ME (First, Middle	A Andrews	Comment		
ы	FRANK FISH								HA (UNI				
00	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	S (Street e	nd Numbe	r or Rural F	Route Number, C	ity or Town	n, State, Zip	Code)	
5	ROBERT R. BUCKING	GHAM		12	12 J <i>A</i>	AMES	STR	EET-	BALTIM	ORE,	MD.	2122	3
1 X Burlet 2 Cremation 3 Removal from State								ATE 20c. LOCATION — City or Town, State  17 ELKRIDGE					
	21. SIGNATURE OF PUNERIAL SERVICE LIC	TEMPSEE /	1		22. HU]	NAME AI BBAR	D FU	ss of FA	L HOME	INC			
$\vdash$	_ such IV.	Spar	20										. 21229
	23. PART 1. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Heart	Failur							or reapi	ratory arr	est,	Approximate Interval Between Onset and Death
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[ 윤	CAUSE (Disease or injury that initiated events	C. DUE TO (	OR AS A CONSEC	DUENCE O	P:	Hode	y	proc	Auto		_		
듄	resulting in death) LAST	Can	diony	v/oa	then								į
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EDICAL	PART II. Other significant condition	_	death but not n	eauiting	in the un	nderiyin	g cause	given in	Part I. 24a	WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
음	Hypotemin								10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	R:			eck only one)				
₹	1 TYES 2 NO 27. MANNER OF DEATH	1 Impetient 2   28a. DATE OF I						esidence	6 Other (Spe				
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ny, Yber)	28b. TIN	JURY M		PES 2	□ NO	28d. DEŞÇRIE	IE HOW II	NJURY OCC	CURED	
0	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	FINJURY At ho etc. (Specify)	me, ferm,	street, fact	lory, offic	•		28f. LOCATION City or Tox		and Number	or Rural Ro	ute Number,
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COMPLET													and manner as stated,
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		,				29c. LIC	ENSE NUM	IBER				Month, Day, Year)
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	30. NAME AND ADDRESS OF PERSON WHI	S ST.	AGNES	HOJ	PITA	12	BALT	700	RE. M	ħ			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	(
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	1. DECEDENT'S NAME (First, Middle, Las		1				DEATH	REG. No.	DAY	YEAR	3. TIME OF DEATH
1 3	ROBERT BONNETTE							2 /		93	005
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Countr	PLACE (State or For
	217-18-5386 9a. FACILITY NAME (If not institution, giv	1 € M 2 □ F	69	YRS.				DCT.22,19	-		VIRGINIA
E E	ST. AGNES, HOSP		1 to 1		96. CITY,		TETMORE	EATH	9c. COU	NTY OF D	EATH
5	RESIDENCE OF DECEDENT										
E	MARYLAND	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER		_		TIMORE		10a CIT	TIZEN OF W	1 X YES 2 1		
FUNERAL	2671 FREDERICK	AVENUE	10f. ZIP CODE 10g. CITE							U.S.A	
2	11. MARITAL STATUS	RMED	13. V	WAS DEC	ENDENT OF HISPA	HC ORIGIN? (Specify Y	es or No-	14. RACE	- American Indian		
BY F	1 Never Married 2 Married 3 Widowed 4 Typivorced	NO			ecify Cuban, Mexico 2 NO Specif	n, Puerto Rican, etc.)		Speci	y:		
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ETE	lla /						IN St of working	16b, KIND OF B	USINESS/INI	DUSTRY	
17	Elementary/Secondary (0-12) College (1-4 or 5+)				ER			7-UP	CORPO	RATTO	ON
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maide		TALL T	711
l iii	LYDLE BONNETTE						_ DORA T				
10 8	19a. INFORMANT'S NAME (Type/Print) LISA WILSON		19	2671	ADDRESS	(Street a	nd Number or Rural	Route Number, City or To E - BALTI	wn, State, Zip	p Code)	21222
-				20/1	FKEL	LIVI	OK AVENU	E - DALII.	noke,	rm.	21223
	207. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	emoval from State		AND DATE Of					OCATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	or other place) FORREST V.A.CEM 02/17 OWINGS MILLS 22. NAME AND ADDRESS OF FACILITY								
	000	1 /						AL HOME I	NC.		
	23_PART I. Enter the diseases, o	Smill			41	07	WILKENS	AVENUE-BA	LTIMO	RE, M	D. 2122
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF)	1:	hem	7				Onset and
ျ	PART II. Other significant conditi	ona contributing to	death but hot i	reaulting in	the un	derivino	cause given in	Part I. 24a, WAS A	N AUTOPSY	24h	WERE AUTOPSY FIN
MEDICA	Hyperte	450-	t Dr	u se f	re /	Me	llihi		PRMED?		MAILABLE PRIOR T COMPLETION OF CA OF DEATH?  1 YES 2 N
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	ock only one)			
CIA	1 TYES 2 NO	1 Inpatient 2		DOA	4 🗆 Nurs	ing Hom		8 Other (Specify)			
HYSICIAN:	II 27. MANNEH DE DEATH			28b. TIME INJU	OF JRY		URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OC	CURED	
РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Di				* 1   T	~~ ~ _ MV				
ву рну	1 Natural 5 Pending 2 Accident Investigation	28s. PLACE O	F INJURY — At ho	ome, farm, st	reet, fecto	ery, office		281. LOCATION (Stree		r or Rural A	loute Number,
ED BY PHY	1 Natural 5 Pending 2 Accident Investigation	28s. PLACE O		ome, farm, st	reet, fecto	ory, office		281. LOCATION (Stree City or Town, State		r or Rural A	loute Number,
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ED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 5 Could not 8 determined  29a. CERTIFIER (Check only)	28s. PLACE O	F INJURY — At ho etc. (Specify)	eath occurred	d at the ti	me, data	and place, and due	City or Town, State	enner as stat	ted.	
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ED BY PHY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28s. PLACE Of building, (SICIAN: To the best of NER: On the basis of so	F INJURY — At ho etc. (Specify)  my knowledge, de tamination and/or	ath occurred	d at the ti	me, data	and place, and due	City or Town, State to the cause(s) and m time, data and place, s	enner as star	ited. he cause(s)	) and menner as sta





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32. REGISTRAR'S SIGNATURE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHINT) WHO THEY HOPCING HOLDER WILL FOX

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires men requires presented within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1	200	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

.93 03654 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENIAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY 12, VON J. C. BERGER 1993 7:30 A.M. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 - F 568-76-0698 YRS. AUG.19,1948 NEW MILFORD, CT 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY IBC. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21202 U.S.A. 1001 ST. PAUL STREET 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Rinck White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married Specify: WHITE ВY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) 8 YRS TEACHER ST. LEO'S COLLEGE-FLORIDA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
EUGENIE N. LEE JOHN J. BERGER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Gode), 10203 LODOGA PLACE—NEW MARKET, MD. 21744 2 DIANE BLACKMAN 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 206. METHOD OF DISPOSITION

1 Burial 2 Commation 3 Removal from State
4 Donalion 5 Other (Specify) METRO CREMATORY 02/13 BALTIMORE 21. SIGNATURE OF FUNETURE BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. DIEDA 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Errer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition (ventroller tachcardy heart block Yentricular dys rhything resulting in death) one your graver than ideopathic diluted WYS. MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? sofour purpura, 1 - YES 2 -NO OF DEATH? po thyror arristagne u 1 TES 25 NO i Ingraw PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated. Somer Rendant 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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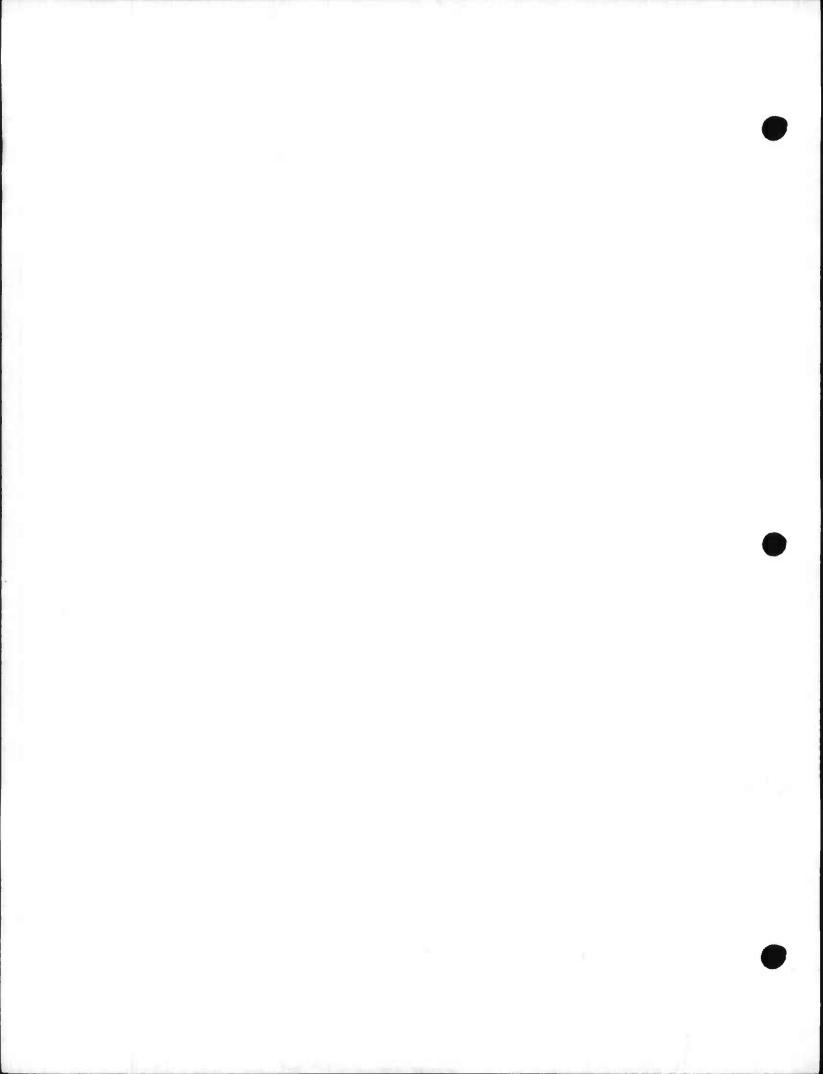
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Ċ,	TO THE HOSPITAL OR ATTEMPTOR PLANCIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR ATTACKS AND INCOME has been signed by the attending physician and completely	amal amal
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	eath	atte	That .
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	FOR	STATE OF MARYLA	ND / DEPARTA	AFNT OF I	HEAITH AND	MENTAL	HAGIENE	9	3 03655	
	1 - STATE REGISTRAR	OTTLE OF MINITED	CERTIFIC				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DAY	Y	3. TIME OF DEATH	
	NORBOURNE C. BEF					FEB.	11	190	93 8:30 P	
	370 03 0030	1 X M 2 □ F 84		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year) 22,19(	- 1	BIRTHPLACE (State or Foreign Country) VAVERLY, VA.	
~	Se. FACILITY NAME (If not institution, give stre		96	. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
CTOR	1012 ROCKHILL AVE	ENUE		I	BALTIMORI	Ξ				
RE	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY	
ā	MARYLAND			BALT	TIMORE				LIMITS?	
RAL	10s. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?	
單	1012 ROCKHILL AVE				21229		- 1		5.A.	
FUNE	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 - NO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN?	Specify Yes o	r No- 14	. RACE — American Indian, Black, White, etc.	
Æ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res <sup>A</sup>	1 TYES	S 2 NO Specif	y:			Specify: WHITE	
<b>a</b>	15. DECEDENT'S EDUCA	ATION	16e. DECEDENT'S US	UAL OCCUPATI	ON	16b. K	INO OF BUSI	NESS/INDUS		
ETEI	(Specify only highest grade c	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during m tired.)	ost of working					
ONCE.	7th GRADE		TRUCK I	DRIVER						
76 III	17. FATHER'S NAME (First, Middle, Lest) GEORGE BERGER				ELIZABI					
O B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
TO BI	DENNIS BERGER		3029	HICKOR	RYMEED DE	RIVE-E	LLICO	TT CIT	ry, MD 21042	
Ten les	20g METHOD OF DISPOSITION  1 D Burlai 2 Cremation 3 Remove	ame of	OATE	20c. LOCA	ATION - City	y or Town, State				
medical examiner must	4 □ Donation 5 □ Other (Specify) LOUDON PARK CEMETERY BALTIMORE  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
ᇤ	HUBBARD FUNERAL HOME INC.									
8	23. PART I. Enter the diseases, or co	oleman		4107	WILKENS	AVENU	E-BALT	TIMORE	E, MD. 21229	
흩	shock, or heart failure. L.	Bladder	ch line.						t, Approximate Interval Between Onset and Death	
y, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):									
	PART ii. Other significant conditions	contributing to death bu	t not resulting in t	he underlyin	g cause given in	Part i. 2	4e. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
shows any Injur : MEDICAL (						,	PERFORM		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									1 YES 2 NO	
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PHYSICIAN:		HOSPITAL:	0	26. P	LACE OF DEATH (CI					
± X	1 YES 2 NO	1 Inpatient 2 ER/Outpa	tient 3 DOA 4	Nursing Hon						
40	1 Natural 5 Pending	(Month, Day, Year)	NUUR	r Wo	JURY AT ORK? YES 2 NO	28a. OEŞCI	RIBE HOW INJ	IURY OCCUP	IED	
計画	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, stree			26I. LOCAT	ION (Street are	d Number or	Rural Route Number,	
TED TED	4 Homicide 6 Could not be	building, etc. (Specif	y)				Town, State)			
틸	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowle	dge, death occurred a	t the time, date	and place, and due	to the cause	(a) and mann	er se stated		
COMPL									ause(e) end manner ee stated.	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	· attr.	4		29c. LICENSE NU				IGNED (Monthy Day, Year)	
	Colen C Wal	afed UN			0243	56		D 2	112/93	
우	30. NAME AND ADDRESS OF PERSON WHO	Y Y	TH (ITEM 27) (Type, Pri	NCOLOC	V DEDAP	MEXIT		-	1 - 1	
	DR. WILLIAM C. WA	TERTIFED -90	U CATON A	VENUE	Y DEPART - BALTIN	ORE,	MD. 21	229		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
	FEB 17 1993	with a property the comment	Bandarie							



Pages 1, 2, 3 should

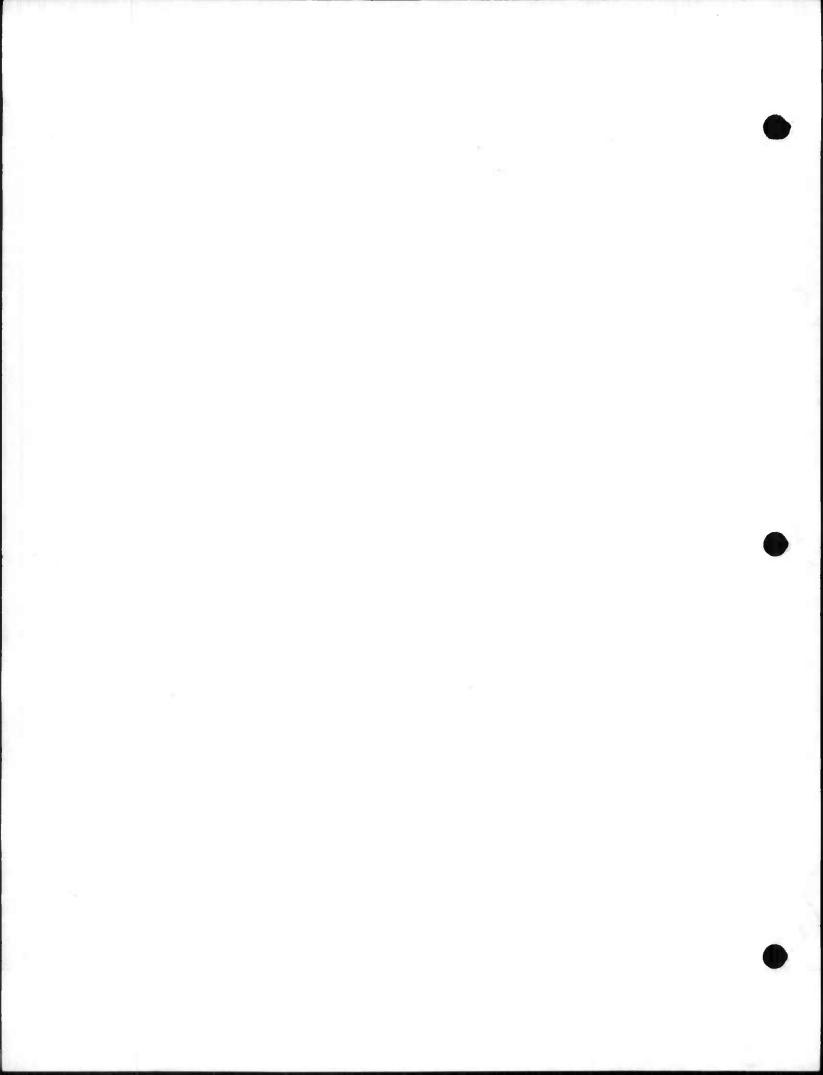
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL DRATTER CONTROL The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	000
	100 13 93 91	DEATH M
	4. SOCIAL SECURITY NUMBER 3. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTTH (Morith, Day, Year)   03 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   03 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   Country)   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   HOURS   MINH.   O3 - 05 - 58   COUNTRY   MONTHS   DAYS   MONTHS   MO	or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number)  UNIV. OF Md. HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH  Backmore	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  BACTMORE  1 OYES	
FUNERAL	100. STREET AND NUMBER  2919 ELLICOTT DRIVE  107. ZIP CODE  109. CITIZEN OF WHAT COUNT  21216  USA	
BY FUNI	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American 15. Was December 16. Was December 16. White, etc.)  14. RACE — American 16. White, etc.	n Indian,
COMPLETED E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Decedent's usual Occupation (Give kind of work done during most of working life. Do NOT use retired.)	70,0
OMPL	12 + 12 - 12 - 13 MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	
BE	JOSEPH CLINTON  GERALDINE BAILEY  194. INFORMANT'S NAME (Type/Print)  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
5	GERALDINE BAILEY 12919 ELLICOTT DEIVE BACTO, MD ZIZ	16
	20e, METHOD OF DISPOSITION  1	
	22. NAME AND ADDRESS OF FACILITY  MARCH FUNERAL HOME-WEST  4300 WASASH THE DALTO. MD	015
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximately a shock or heart failure.	oximate vai Between
	immediate cause (Final disease or condition resulting in death)  a. MetaStatic breast causes  Due to (or as a consequence of):	yrs.
TION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):	
CER	resulting in death) LAST	
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Diabetes (nS) plaws   24b. Were Autonometric Completion of Death?	
IN: M	1 YES	2   NO
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)	
ВУ РН	27. MANNER OF DEATH  1 Matural 5 Pending Investigation Investigation  286. DATE OF INJURY  286. DATE OF INJURY  286. DATE OF INJURY AT WORK?  M 1 YES 2 NO  286. TIME OF INJURY AT WORK?  1 YES 2 NO	
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner.	or no stated,
TO BE C	296. BIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER	Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-OTEM 27 (Type, Print)  + and Pearce MD Univ. of Md. Hospital	

32. REGISTRAR'S SIGNATURE

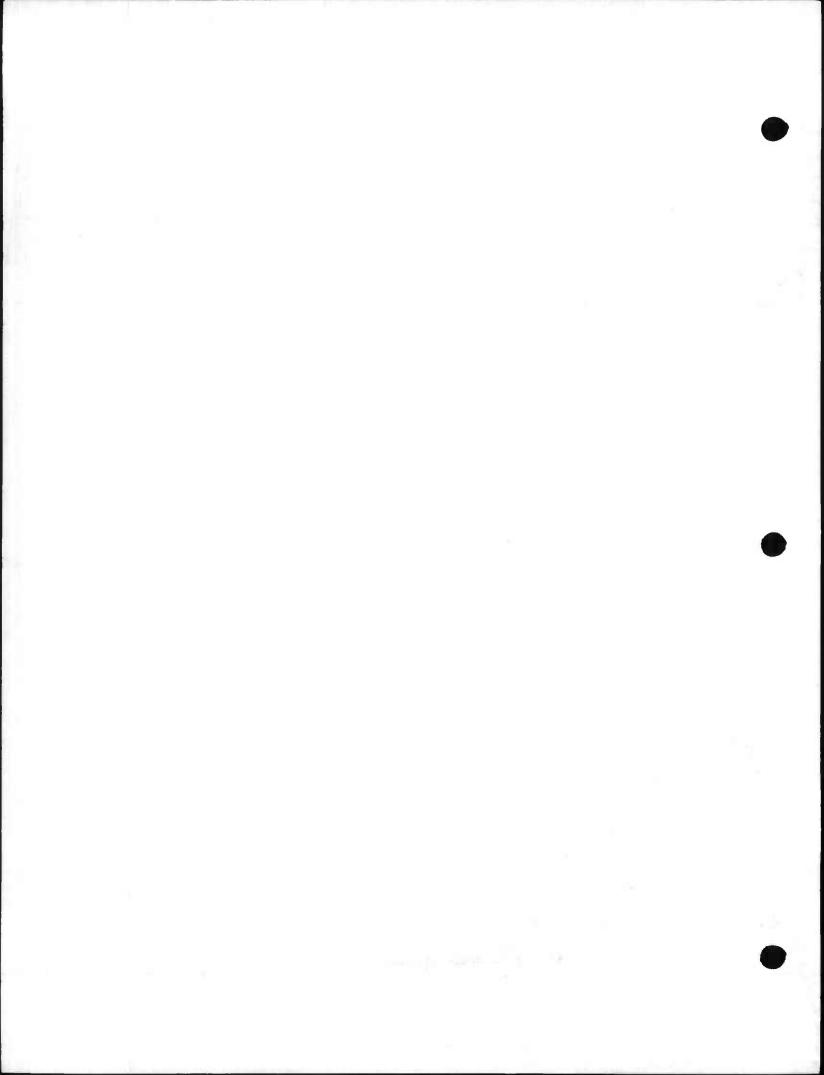
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ő	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, MIGGIE, Last) EDWARD JOSEPH	BEKSINSKI				2. DATE OF DEATH BONTH D.	3 4	3. TIME OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH
	214-03-2955	1 M 2 D F 7	n yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIFTH	8. E	MATTHPLACE (State or Foreign ountry)  Maryland
ac.	Se. FACILITY NAME (If not institution, give stre	et and number)			OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			COMS	on		Ва	ltimore
RE	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland  10a STREET AND NUMBER		Pa	1timore			T	YES 2 NO
RA	1213 Glenhaven Ro	- A		10	21239			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ver		S.A.  RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES IF YES, GIVE WAR OR DA  WW II	2 NO	If yes, sp	ecity Cuban, Mexica 2 X NO Specifi	in, Puerto Rican, etc.)		Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	(Give kind of	USUAL OCCUPATION	ON set of working	16b. KIND OF BU	SINESS/INDUST	RY
12	III - A I I I I I I I I I I I I I I I I	College (1-4 or 5+)	Me. Do NOT us	10000				
N N	12th grade  17. FATHER'S NAME (First, Middle, Last)		Machin	nist	16 MOTHER'S NA	Federal		nment
5	Walter Beksinski	i				ne Waryasz	,	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		•)
TO BE	Bernice Beksinski		1213	Glenhav	en Road	Baltimore	, MD 2	21239
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remove	al from State com	etery, crematory or o	OF DISPOSITION (Na ther place)			CATION — City	
	4 Donation 5 Other (Specify)	NSEE S	t. Stan:		emetery ND ADDRESS OF FA	<u>2/17/9В в</u>	altimor	ce, MD
	11/4.	Alla.	. 12		son Fune			
	23. PART I. Enter the diseeses, or con	mplications that caused	the death. Do	5821	Logh Ra	ven Blvd	Towson	MD 21286 Approximate
	shock, or heart failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.	st only one cause on ea	ch line.		,,		ratery arreat,	interval Between Onset and Death
	/196907	DUE TO (OR AS A	CONSEQUENCE OF	n				
o N	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF	F):				
8	cause. Enter UNDERLYING CAUSE (Disease or injury	D. N	١.					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	n:				
AL C	PART II. Other significant conditions	contributing to death bu	it not resulting	in the underlying	g cause given in	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	CARDIDINGOR	Atry		-5-5	Takana Talana	PERFOR		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	, ,	0				_   '		1  YES 2  NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)		
Sic		HOSPITAL:	etient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 [] Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Pleatural 5   Pending Investigation	28s. DATE OF INJUSTY (Month, Day, Year)	A 286. TIM	URY WO	URY AT MK? YES 2 NO	28d. DEŞCRIBE HOW I	NUMY OCCURE	D
ED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, 1	street, fectory, offic	•	28f. LOCATION (Street of City or Times, State)		rel Route Number;
COMPLET	29%, CERTIFIER 1 CERTIFYING PHYSICIA (Chafe only 2 MEDICAL EXAMINET)	AN: To the best of the knowle						ree(x) and manner as stated.
ПССС	296. SIGNATURE AND TITLE OF CERTIFIER	1		-5 1931—-5°C	29c. LICENSE NUN			NEDAMONT. DA. Year)
TO BE	TO MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH UTTER 27 Char	Prints	D 22	657	1 2	113/93
	5601 6		COU TO	LVO	2123	9 DAVI	10 57/	PAUSS
	31. DATE FILED (Month, Day, Year) FEB 1 7 1993	32. REGISTRAR'S SIGNA	TURE	100				
		0		eta lu				DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dapt, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSIGARS, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E
	1. DECEDENT'S NAME (First, Middle, Last) Donald	Lee		зису	2. DATE OF DEATH FED YURY	5, 1993 3: TIME OF OEATH 3: 35 Å M
	215 12 1638	<b>X</b> M 2 □ F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 4, 1	921 Raryland
TOR	9a. FACILITY NAME (If not institution, give stree Franklin Sq. He RESIDENCE OF DECEDENT	•	96.	Rossville	DEATH	Baltimore
DIRECTOR	10e. STATE 10b. COUNTY	imore		WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 □ YES 2 19 HO
FUNERAL	100. STREET AND NUMBER 315 Capitol	Court	1	10f. ZIP CODE 21221		10g. CITIZEN OF WHAT COUNTRY? USA
8	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO ATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	or No.— 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary/10-12)		16a. DECEDENT'S USU (Give kind of work He. Do NOT use ret Drive	done during most of working ired.)	166. KINO OF BUS	cking
BE CON	17. FATHER'S NAME (First, Middle, Last) Oscar Bucy			Le		
5	Denise Lynn Hall		2514	Maple Avenu	Baltimor	e Maryland 21221
	20e. METHOD OF DISPOSITION 120 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State cem	PLACEAND DATE OF DI CORRECTION OF OTHER P	Cemetery	2/17/93 H	Cation — City or Town, State  Baltimore Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	~	22 NAME AND ADDRESS OF F Bruzdzinski 1407 Eastern	Funeral Hor	me PA timore, MD 21221
	23. PART Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congestive	nch line.	enter the mode of dying, su	ch as cardiac or respi	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Diabetes M	CONSEQUENCE OF):	re		
A.	PART II. Other significant conditions of Chronic Obscruct	ive Pulmona	ut not resulting in th	e underlying cause given in	PERFOR	MED? AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Hypertension ;	Coronary A	rtery Dise	ease Status Po	St X YES 2	OF DEATH?  1 YES 2 ND
ICIAN	Pacemaker Insert 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2/ NO	OSPITAL:		28. PLACE OF OEATH (C		
	27. MANNER OF GEATH  1 V Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  26d. DE\$CRIBE HOW IF	JURY OCCURED
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street		28f. LOCATION (Street a City or Town, State)	nd Number or Rural Route Number,
COMPLETED				the time, date end place, and du my opinion, death occured at th		ner as stated.  d due to the cause(s) and manner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	4		29c. LICENSE NU	MBER	Pebruary 15, 1993
	Felicitas Buena,	M.D., 900	00 Frankli	n Square Drive	, Baltimore	e, MD 21237
	31. DATE FILED (Month, Day, Year) FEB 17 1993	32. REGISTRAR'S SIGN				DHMH-16 Rev 1/69

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

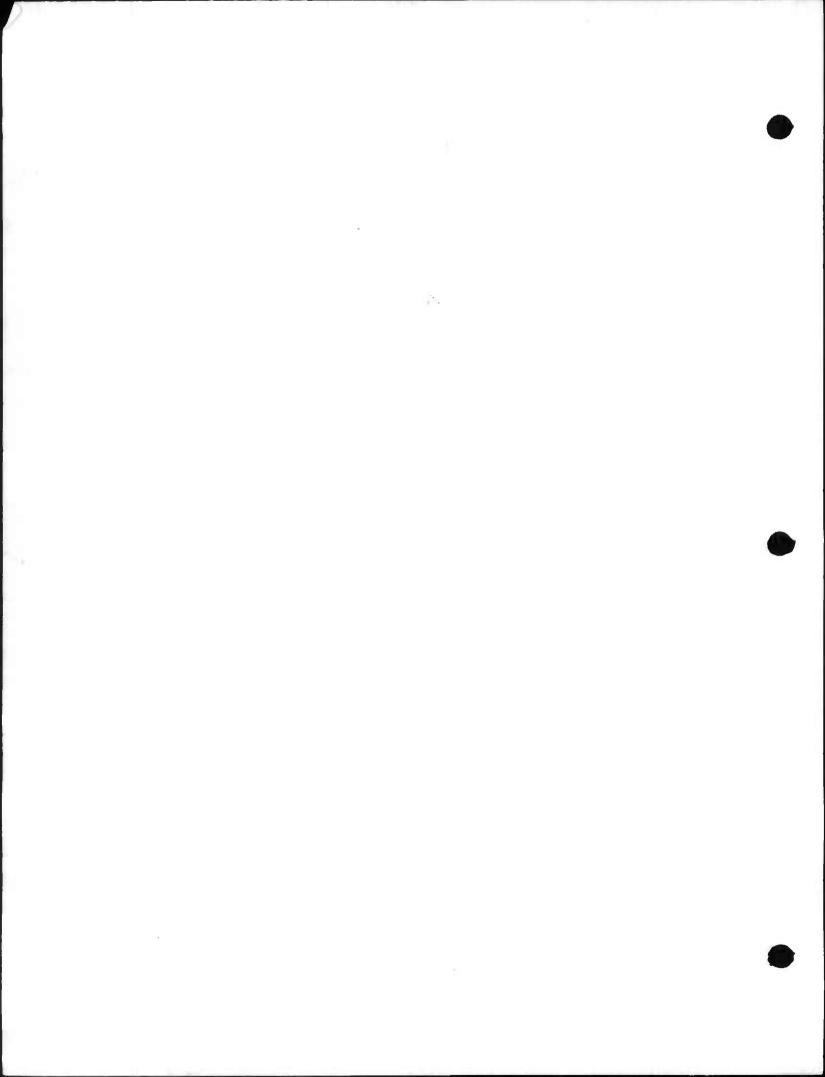
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

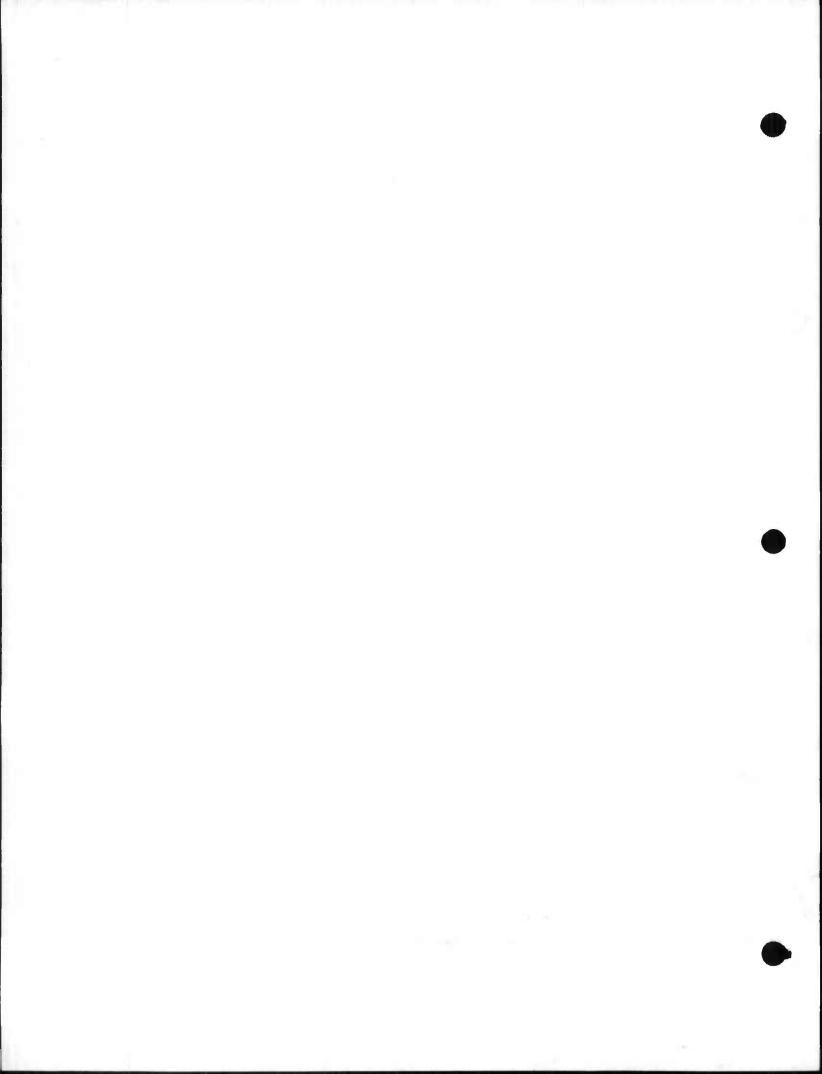
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item1,Film697,3/1/93,lt										93 0365	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAI	RTMENT	OF H	EALTH DEAT	AND MI	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)  WALTER M.		B	uT	LEA		SR. JR		DATE OF DEATH DATE OF DEATH DATE OF DEATH	ly.	3. TIME OF DEATH 3 3:30 P	
	4. SOCIAL SECURITY NUMBER 160-36-7396	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. les 49	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 2	24 HRS. 7	C. DATE OF BIRTH (Month, Day, Yber) 6/20/19	8. BIRTHPLACE (State of Country) 1943 Pennsylva		
0.B	9a. FACILITY NAME (If not institution, give start) 310 ocean part				Ber		PR LOCATIO	N OF DEAT	Н	22.12.11	CESTER	
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,										
L DIRECTOR		chester			y, town ga erlii	n					10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	2417 Ocean P	ines				101	ZIP CODE	811		10g. CITIZE	U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	MED	13. W	AS OEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No— 1	4. RACE — American Indian, Black, White, atc. Specify:	
											White	
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2 th	CATION completed) College (1-4 or 5 +	·) (G	ive kind of Do NOT u	work done du se retired.)	iring mo:	st of working	7	16b. KIND OF BUS			
COM	17. FATHER'S NAME (First, Middle, Last)		1 56	TT	Embr	oye		ER'S NAME	(First, Middle, Maiden		E	
BE	Walter M	. Butle	er, Sr.				R	Ruby	G. Chap	man	Butler	
70	194. INFORMANT'S NAME (Type/Print) Ruby Chapman B	utler	19						te Number, City or Town Venport,			
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremetton 3 Remo		20b. PLACE	ANDDATE	OF DISPOSIT			Da			ty or Town, State	
	4 Donation 5 Other (Specify)	- Luces			s Cer				2/10 How	ard,	Pennsylvan	
	* Supran	Pa O	Vana	1)	Bı	urg		lens	Funera			
	23. PART I. Enter the diseasea, or canocide or heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERI	se on each line	OTIC	not enter to	he mo	de of dyin	ig, auch a	Road, Ba la cerdiac or respir AR DISE	ratory arres	Approximate interval Between Onset and Deatl	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSEC									
. 1	PART II. Other significant conditions	s contributing to	death but not r	esuiting	in the und	erlying	cause gi	ven in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL									1 XYES 2	□ NO	OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DE					
Ι¥Ι	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		8c. INJU			Other (Specify)  3d. DESCRIBE HOW IN		050	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De	ny, Yoar)	IN.	M	1 🗌 Y	RK? ES 2	100	. DESCRIBE HOW IN	JOHY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm,	Hreet, factor	y, office	1	20	BI. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Number,	
COMPLETED									the cause(s) and man		Cause(a) and manner as stated.	
	396. SIGNATURE AND TITALE OF CERTIFIER	00	7	()			29c. LICEN				BIGNED (Month, Day, Year)	
TO BE	My y	olle	Ar	1				. C . N			2/05/93	
-	MAKIO FO GOLU	COMPLETED CAUS	g/		,	eet	, Ba	ltin	nore, Ma	ryla	nd 21201	
	FEB 17 1993	32. REGISTRA	R'S SIGNATURE	An							<del></del>	



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		FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENT	AL HYGIEN				
	Ţ	1. DECEDENT'S NAME (First, Middle, Last)	Emma G. Burton						2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday	) IF UNDER	1 VEAD	IF UNDER 24 HRS.	02	E OF BIRTH		993	12:20 P	
	V.	220010961	1 □ M 2 🗗 F 72		MONTHS	DAYS	HOURS MIN.	(Mo	01/20		Country	)	gn
3 should		9a. FACILITY NAME (If not institution, give st			9b. CITY,	TOWN C	R LOCATION OF I		01/20	9c. COUN	TY OF DE	ryland ATH	
1. 2, 3 s	TOR.	Maryland Manor N	ursing Cente	er	Gle	en E	Burnie			Anne	e Arı	unde1	
permit. Pages 1	DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN O		ION				- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	0
nsit.	FUNERAL	100. STREET AND NUMBER 1022 Bristol Place	ce			101	21225				S.A.	HAT COUNTRY?	
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit val. I examiner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 57 NO	. H	f yes, spi	ENDENT OF HISPA pelly Cuben, Mexic XX NO Spec	can, Puerte		or No—	14. RACE Black, Specify	- American Indian, White, etc.	
1215 rr attend use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT' (Give kind o	work done d			.10	Sb. KIND OF BUS	SINESS/INOL	JSTRY		
YLAND 21215-01 by the hospital or attending be detached for use as the at once.		Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5 +)	Staye		rato	or		Envel	ope			
YLAN by the hos be detach at once.	COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			Sumame)			
NRYL ned by ould be	BE	Archie Bowen  190. INFORMANT'S NAME (Typo/Print)	-	195 MAII IN	C ADDRESS	(Street o	Sarah		ler	o Chata The	Condol		
MAR e retained e 5 should notified	2	Dorothy A. Worrel						rel Route Number, City or Town, State, Zip Code) Pasadena, Md 21122					
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.		20a. METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Remo		D. PLACE AND DATE	OF DISPOSI				_	CATION — C		n, State	
MOR.		4 Donation 5 Other (Specify)		netery, cremetory or Cedar Hi	11 Ce	mete		12/	18 Ba	ltimo:	re, I	Maryland	
ALTIN death. Pag funeral dir f. examiner	1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. 1	NAME AN	ID ADDRESS OF F	ACII ITY				Funera1	
BALTIMORE after death. Page 6 may by the funeral director, pa moval.  cal examiner must b		ex rekare	LEN	ovis								, Md 2122	25
24 hours filled in the tion, or rer the media		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ial Infa	arctio		ds of dying, su	ch ss ca	irdiac or respi	ratory arre	eat,	Approximats Interval Betw Onset and D	Ween
executed within and completely o bunial. cremat	z		Hyperte	nsion	0F):								
a da la	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	:oce	phalus									
S, P.O. B( death certificate attending physiental Hygiene pri iry, or other tr	TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE									
DS, P. the death of the attend   Mental Hy njury, or	SER	resulting in death) LAST Dementia										+	
로 를 를 를	7	PART II. Other significent conditions  Congestive F	contributing to deeth the leart Failur	out not reculting	in the un	derlying	ceuse given i	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAU	
N requ	4: MEDIC											OF DEATH?	
TAL The law ate has that the Dept tem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only one)										
Star B	YSI	1 TYES 2 X NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 🗆 DOA	OTHER W Nurs	t: ing Hom	5 🗆 Residence	6 🗆 Ott	her (Specify)				
	ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)					28d. DEŞCRIBE HOW INJURY OCCURED					
OIVISIO OR ATTEMPN DIRECTOR: In nours after of term 28 is n	ETED E	3 Suicide 6 Could not be 4 Homicide determined							26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 30 5	COMPLE		CIAN: To the best of my known: t: On the besis of examination									and manner as state	ed.
TO THE HOSPIT TO THE FLINESA THE filed within ? IMPORTANT: 1	8	296. SIGNATURE AND TITLE OF CORTIFIEM		Attendir			29c. LICENSE NO			29d. DATE		Month, Day, Year)	
- 6 -	5	30. NAME AND ADDRESS OF PERSON WHO Harjit Singh, M.	D. 5410-A	Ritchie	e, Print) Highw	vay	Baltim	ore,	Md. 21	225			
	İ	31. DET EFBED HOME DOUGHT 3	32. RATEISTRAR'S SIG	TURE OF									



				-	93	03661
FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I E OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First Anicolo, Last)	BOYD			2. DATE OF DEATH DAY	93 TEAR 3.	TIME OF DEATH
215-60-6397	5. SEX 6. AGE (In yrs. les	YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1 Country	or Foreign
9a. FACILITY NAME (If, not institution, give stre	clesing Ho	me so. cit	SALHIME		COUNTY OF DEAT	Н
10a. STATE 10b. COUNTY		10c. CITY, TOWN	HMOSE		1 2	1. INSIDE CITY LIMPTS? YES 2 NO
3930 Ridge	and St		101. ZIP CODE 2/2/2	5	CITIZEN OF WHAT	COUNTRY?
11. MARITAL STATUS  1 Prever Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	3MED 13.	. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico 1 YES 2 2 NO Specif	NIC ORIGIN? (Specify Yea or N an, Puerto Rican, etc.) fy:	14. RACE — Black, W Specify	American Indian, hita, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (G	Dr. NOT/tree national 1	during most of working	16b. KIND OF BUSINES	SS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	40		18. MOTHER'S NA	AME (First, Middle, Maiden Sund	sand.	
190 INFORMANT'S NAME (Typo/Prigt)	acho !	920	SS (Street and Number or Pural Red SE Cut	Route Number, City or Town, Ste	Alto 1	2/2/1
20a. METHOD OF DISPOSITION 1 Surial 2 Crementon 3 Remon	val from State 20b. PLACE of cometary	ANO DATE OF OIS	POSITION Name		ON - City or Town,	
21. SIGNATURE OF FUNERAL SERVICE LICE	Presue	3	HOS CU, 2	CARRIES S	e. Fs	. 59
23. PART I. Entar the disease, or condition to the condition resulting in deeth)	lat only one ceuse on sech line	Cell	CANCER OF	ch ee cardiec or reapirato		Approximate interval Batwee Onset end Dest
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
PART II. Other aignificent conditions	contributing to death but not	resulting in the u	underlying cause given in	Part I. 24a. WAS AN AUTPERPORMED	NO OF	IRE AUTOPSY FINDINGS ANIABLE PRIOR TO MPPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1 Kinpatient 2 ER/Outpatient :	OTHE	ER: ursing Home 5 - Residence	6 Other (Specify)	at the f	
27. MANNER OF OEATH  1 Netural 5 Pending Investigation	26a, DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJUI	N INJURY OCCURED	
2 Suicide	Number or Rural Rout	mber or Rural Route Number,				
3 Suicide 6 Could not be 4 Homicide detarmined				L.,		
4 Homicide detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, d					nd manner as stated.

				_								
29a	CERTIFIER (Check only	1 CERT	FYING PHYSICIAN	To the best o	f my knowledge	, dasth occurred	at the time, da	ets and place, and	d dua to the	ause(a) and ma	nner sa stated.	
	one)	2 MEDI	CAL EXAMINER: OF	the basis of	examination and	or investigation.	In my opinion	, death occured a	it the time, di	ite and place, e	nd due to the ca	use(a) and

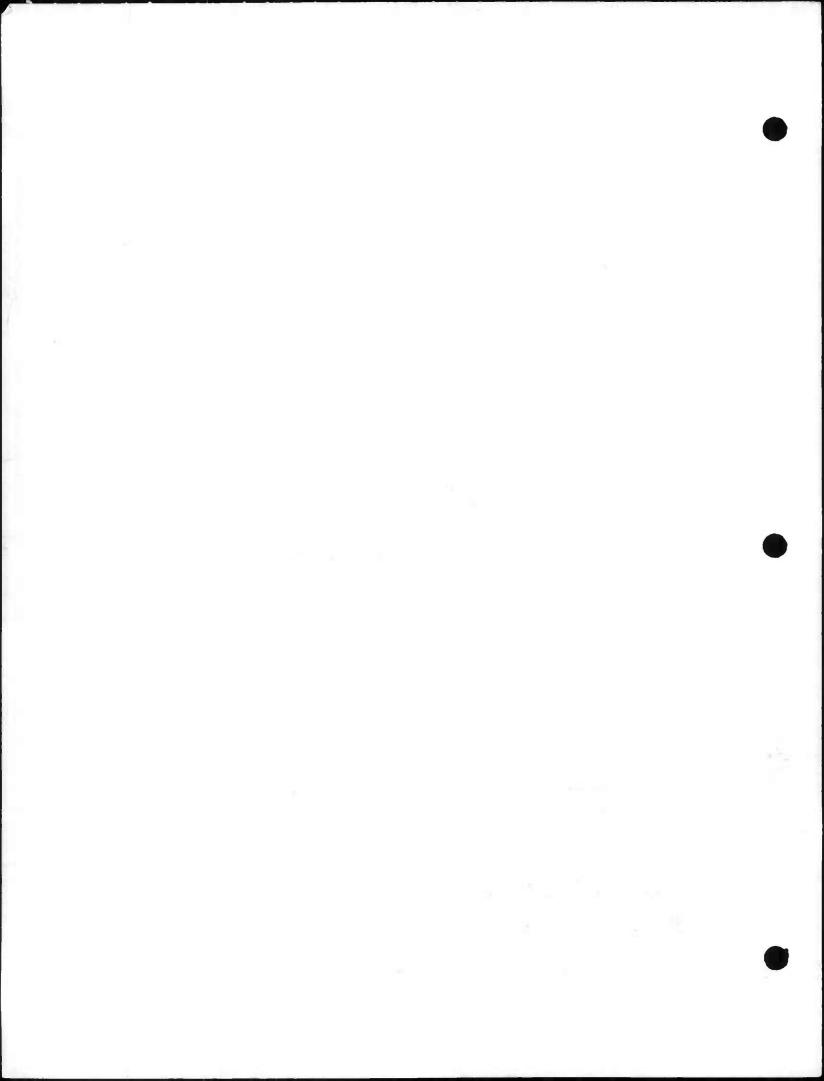
29b. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGN
Alles ( less theen is sur	172767	1 211

296. SIGNATURE AND TITLE OF CENTIFIER PROPERTY (1807)	29c. LICENSE NUMBER  D23767	29d. DATE SIGNED (Month, Day, Year)  2/16/43
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DEBLA S WEFTHEIDER 119	2434 W. Belve	lese Ave Bato. 21215
FEB 17 1993		

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te be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Scidan and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, cremation, or removal.  Traumatic event, the medical examiner must be netified at nece.
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	FOR STATE REGISTRAR	STATE OF I	ARYLAND' DEPA CERTII	RTMENT OF	G - 6 9 7 HEALTH AND DEATH	MENTAL HYGIE					
	1. OECEOENT'S NAME (First, Middle, Last)  James	М		naster		2. DATE OF OEATH	2. DATE OF OEATH MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER	5. SEX	BUCKI      AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	4 1993	3 1.2:30 A.M. BIRTHPLACE (State or Foreign			
	214-38-6750	1XXM 2 □ F	51 yrs.	MONTHS DAYS	HOURS MIN.	08-17-19	41 '	Maryland			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Veterns Hospital  Baltimore City										
EC	RESIDENCE OF DECEDENT										
	Maryland  104. STREET AND NUMBER		Ba	altimore				1 YES 2 NO			
FUNERAL	26 West Elm Avenu	е		1	21206			of what country? d States			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED  YES 2 ND  AR OR DATES	If yes, a	CENOENT OF HISPA pecify Cuban, Mexic 8 2 NO Spec	ANIC ORIGIN? (Specify Vicen, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White			
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOENT	S USUAL OCCUPAT	ION	16b. KIND OF BI	JSINESS/INDUST				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	) Itte. Do NOT	work done during muse retired.)	ost or working	Cast	Constru	ction Co.			
O.	17. FATHER'S NAME (First, Middle, Last)		0110	\Tayer	18. MOTHER'S N	AME (First, Middle, Maide		0 0 2 0 1 1 0 0 1			
BE 0	James G. Buckmas  196. INFORMANT'S NAME (Type/Print)	ter				s Humes					
2	Linda Buckmaster		26 W.	G AODRESS (Street Elm Ave	and Number or Rura PNUE	Anoute Number, City or To Baltimore,	wn, State, Zip Cod MD 212	06			
	20a. METHOD OF DISPOSITION  1) Burlel 2 Cremetion 3 Remote the Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DATE cametery, crematory or	OF DISPOSITION (Nother place)	ame of	OATE 20c. L 2/18/93 Ga	OCATION - City	or Town, State			
	21. SIGNATURE FUNERAL SERVICE LIC	- 4		22. NAME A	ND ADDRESS OF F	ACILITY					
Ш	· Clezabet	h Se	linske	- Light	/ & Zeil Eastern	er, INc. F Ave. Bal	uneral to., MD	Home 21231			
	23. PART I. Enter the diseasea, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Comb	ined drug	intoxi		ch as cardiac or res	piratory arrest,	Approximate interval Between Onset and Daath			
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE (	DF):							
ايا	PART II. Other aignificent condition	a contributing to	death but not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS A	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
2					Train-of-train		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICA								OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C	took and a series					
SICI	EXAMINER?	HOSPITAL:	ER/Oulpatient 3 DOA	OTHER:							
Ě	27. MANNER OF DEATH	28e. OATE OF	INJURY 28b. TII	AE OF 28c, IN	JURY AT	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	D			
ВУР	1 Natural Investigation	Found 2		nown 1	YES 2 NO	unknown					
	3 Suicide 8 Could not be	28e. PLACE Of building,	INJURY — At home, farm, etc. (Specify)	street, factory, offic	:0	281. LOCATION (Street City or Town, State					
1		Found	at home	_		Balto., M	CO W -	Elm Ave.			
COMPLETED			my knowledge, death occur amination and/or investigati					use(a) and manner as stated.			
ш	299 AGNATURE AND THE OF CRITIFIER				29c. LICENSE NU			INEO (Month, Day, Year)			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Mayore m	Youll	/		0.C.	М.Е.		/14/1993			
	MANUARES OF PERSON WHO	^ ^	10 of Death (ITEM 27) (Type 11 1 Pen		et, Bal	timore, N	Maryla	nd 21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE								
	FEB 17 1993	white Jan	dres Bridge								
			August 18					DHMH-16 Rev 1/89			



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

216-76-3582

4. SOCIAL SECURITY NUMBER

1 -

	F. E
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	DR ATTENDING
	HOSPITAL
	뿐

detached for use as the burial-transit permit. Pages 1, 2, 3 should MANSON MOSPITAL DIRECTOR BATTMORE MD RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Balto.City,Md. Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1510 Belt St 21230 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 □ NO Specify: 1 Never Married 2 Married BY 3-Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th.grade Homemaker Own Home 17, FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Sumame) 2 notified at Solomon Robinson BE Colorade Melinda Ray the funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 8064 Belhaven Ave.Pasadena,Md. Mrs. Delores B. Tincher Pe 20a. METHOD OF DISPOSITION

X 1 Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 4 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must GlenHHven Mem.Park,2/19/93 Glen Burnie,A.A.Co. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home, 130 E, Fort Ave. or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo shock, or heert fallure. List only one ceuse on each line IMMEDIATE CAUSE (Final the ACUTE PECLOTZING PANCHENTITS disease or condition resulting in death) event. requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): GANGRENOUS traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atta be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, it PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MO UTMASI 1 TYES 2 JUNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State D **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 -NO 1 Impetient 2 ER/Outpetient 3 DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 Chank only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and ma 199. SIGNATURE AND TITLE OF CERTIFIER BE Sandro ourc 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SANDHA 300 S. HANDOZZ ST

32 REGISTRAR'S SIGNATURE

MYRTLE

1 M 2 V

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BAER

IF UNDER 1 YEAR IF UNDER 24 HRS.

96. CITY, TOWN OR LOCATION OF DEATH

DAYS

M.

5. AGE (In yrs. lest birthday)

93 03663

Kentucky

10g, CITIZEN OF WHAT COUNTRY

U.S.A.

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify White

21122

Balto.Md.21230

Md.

Approximate

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

COMPLETION OF CAUSE

1 ☐ YES 2 ☑ NO

93

MD

29d. DATE SIGNED (Month, Day, Year)

15

Interval Between

Onset and Death

1-XVES 2 NO

6-31

REG. NO

2/14/191

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

DHMH-16 Rev 1/89

412

BALTIMORE, MARYLAND 21215-0020

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PHYSICIAN:
ATTENDING
L DR /
OSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 08 WILLIAM BLETSH 02 7:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Jan. 24, 1924 1 😿 M 2 🗌 F 297 16 2043 69 Ohio Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **Maryland** Anne Arundel Pasadena 1 TES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 801 Deering Rd. 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2 Merried
3 Divorced 2 NO 1 TES TONO Specify BY White Worl War II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 2 Accountant Trucking Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Henry W. 4 **Bletsh** Louise Froelich BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gladys A. Bletsh 801 Deering Rd., Pasadena, MD 21122 be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Metro Crematory, Inc. 2/9/93 Catonsville, MD examiner 21. SIGNATURE-OF FL led in by the funeral d McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD run 21122 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition Suddon completely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) bunal. al V 10 traumatic CERTIFICATION of Health and Mental Humans Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 DATO 1 TES 2 NO PHYSICIAN: 100 th 23 After this certificate has 25. WAS CASE REFERRED TO MEDIC Hem 28. PLACE OF DEATH (Check only one State HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 the 27. MANNER, OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending Investigation 1 YES 2 ND BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 60 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be FUNERAL DIRECTOR: , within 72 hours after ( Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner ea stated. TO THE HOSPITAL (TO THE FUNERAL DE FILE WITHIN 72 h 2 MEDICAL EXAMINER: On the beels of adu and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

M.D.

/1600

FISHER,

25

CRAIN HIGHWAY, S.W./GLEN BURNIE,

TO THE HOSNIAL.

TO THE HOSNIAL AND ENTRICION: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

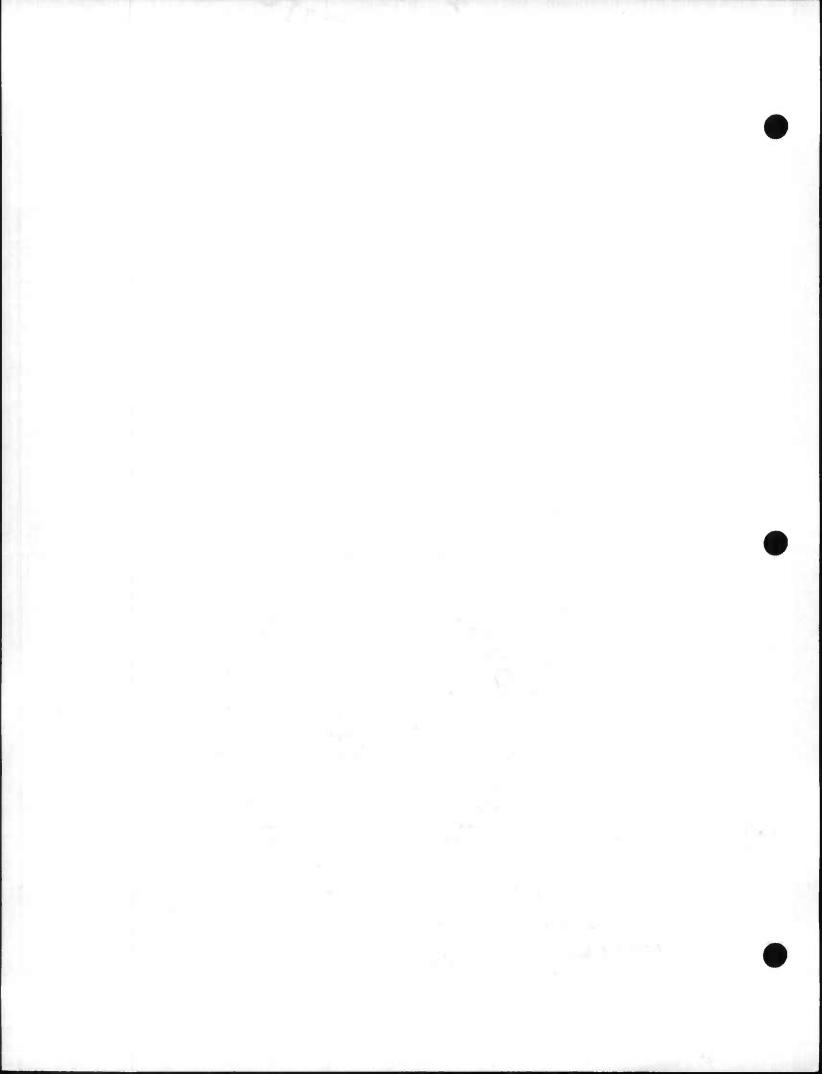
TO THE FUNERACE AND IT. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 NON OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
FEB 1.7 1993

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT			<b>9</b> 3	03665
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	ALE OF DE	-	REG. NO.	_	3. TIME OF OEATH
9		E DDETHON	ETNI			FEB. 15,	I QQ3	5 AM M
		F. BREITST		UNDER 1 YEAR IF UN		DATE OF BIRTH		BIRTHPLACE (State or Foreign
Î		1 🗆 M 2 🔀 F	95 YRS. WO	NTHE DAYS HOUR	IS MIN.	AUG. 28,	1897	MARYLAND
TOR	6210 PARK HEIGHT			BALTIM			9c. COUNTY	OF DEATH
DIRECTOR	10s. STATE 10b. COUNTY MARYLAND		10c. CITY, T	OWN OR LOCATION BALTIM	ORE			10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
7	10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	6210 PARK HEIGHT	IS AVE. ADT	802	21	215		1	JSA
Z		2. WAS DECEDENT EVER	N 11 S ARMED	13. WAS DECENOEN		BIGIN? (Specify Yes		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO		uban, Mexican, Pu			RACE — American Indian, Black, White, etc. Specify: WHITE
6	15. DECEOENT'S EDUCA' (Specify only highest grade co		16a. DECEOENT'S US	UAL OCCUPATION done during most of wo	orkina	16b. KIND OF BUS	SINESS/INDUST	RY
		College (1-4 or 5+)	life. Do NOT use re	etred.)	Anny			
19		4	HO	USEWIFE		AT H	<b>E</b>	
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NAME (	First, Middle, Maiden	Surname)	Chalana
BE (	EDWARD L. FRAM	NK .			LOI	RE S.	PAKMAN	Shakman
10	190. INFORMANT'S NAME (Type/Print) MR. CHARLES M. C.	AHN, JR , E		CHARLES S				
	20a. METHOD OF DISPOSITION 1	al from State Ce	b. PLACE AND DATE OF E metery, crematory or other BALTIMOR	DISPOSITION (Name of place) E HEBREW	- 2	DATE 20c. LO		or Town, State RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN		-	22. NAME AND ADO SOL	LEVINSO	N & BROS		,MD 21215
	23. PAIN I. Enter the diseases, or constant part failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one cause on a	d the death. Do not sech line.  CUR NA A CONSEQUENCE OF):				ratory arrest	Approximate interval Between Onset and Death 212 Wuchs
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		m C				
O	DART II Other significant and disease					. 1		
: MEDICAL	PART II. Other significant conditions  Sip D ny	pheidony	1968 ?	chuly	e given in Pari	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 (NO
A	25. WAS CASE REFERRED TO MEDICAL			26 PLACE O	F OEATH (Check of	one)		
PHYSICIAN:		HOSPITAL:		THER:				
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O			J. DESCRIBE HOW I	WILLIBA OCCITIO	ED.
	1 Natural 5 Pending	(Month, Day, Year)	INJUR			. DESCRIBE NOW	NOON OCCOR	EU
B	2 Accident Investigation		Y — At home, farm, stre-			LI OCATION (Complete	and Missahara and	Sand Davids Marshar
B	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	ocify)		281	City or Town, State)	ind Number or I	Hural Houte Number,
	29a. CERTIFIER 1 CEPTIEVING DAVISICIAN. To the head of							
APLET	one) —			n my oninion death or	reserved of the time	, data and place, an	d due to the co	
OMPLET	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	on and/or investigation, i	ir my opinion, destil de	cured at the time	-197 A.O.		suse(s) and menner as stated.
BE COMPL	one) —	On the beels of examination of the beels of the beels of the beels of examination of the beels of	on end/or investigation, i		DZ992			GNED (Month, Day, Year)
E COMPL	one) 2 MEDICAL EXAMINER:	Bund M.	)	29c. l				
BE COMPL	29b. 9IGNATURE AND TITLE OF CERTIFIER	Bund MM COMPLETED CAUSE OF D	)	29c. l				

OHMH-16 Rev 1/89



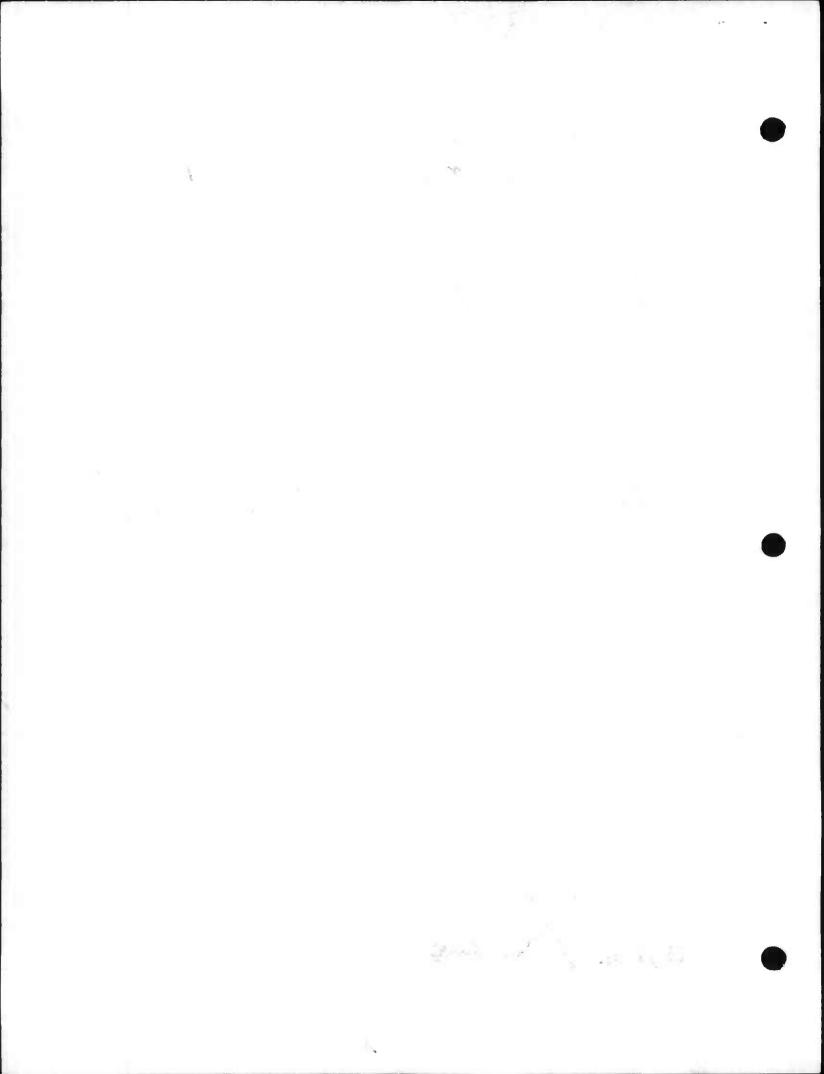
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O	DING	After	death
DIVISION	DSPITAL OF THE	INERAL DIRECTOR	thin 75 and
	THE HOS	TO THE FUNE	W pell
	2	2	be filed
10	/	1	/

	FOR STATE REGISTRAR	STATE OF MAI			OF HEALTH AND		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	•				2. DATE OF C		YEAR	3, TIME OF OEATH	
	Char 4. SOCIAL SECURITY NUMBER	- IV		TKUS	1 22 2 2	02	10	1993	9:10	- 11
	215-18-1816	5. SEX   6, 7	AGE (In yrs. lest bin	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF B	( Year)	8. BIRTI Count	HPLACE (State or Foreign ry)	)
	9e. FACILITY NAME (If not institution, give	e street end number)	71		TOWN OR LOCATION OF O	16-23-1 œath		Mary COUNTY OF	/land	
OR	Franklin Square H				Rossville			ALTIMO		
ן ק	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	NTV	10	Oc. CITY, TOWN O	T LOCATION		Lur	71-1-11/0		
DIRECTOR		altimore	1		Rossville				10d, INSIDE CITY LIMITS?	
	10. STREET AND NUMBER				101. ZIP CODE		10g.	CITIZEN OF	1 YES 2 XXHO	
FUNERAL	5324 King Arthur	: Circle			2123	7		USA	A	
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV	/ER IN U.S. ARMED YES 2 NO		MAS DECENDENT OF HISPA I yes, specity Cuban, Mexic	NIC ORIGIN? (Sp	ecify Yes or No	- 14. RACI Blec	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	FORCES?	OR DATES		☐ YES 2XXNO Speci		, Granj	Spec	illy:	
	15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a, OECED	ENT'S USUAL OC	CCUPATION	16b. KING	OF BUSINESS	I	White	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			furing most of working					
COMPLETED	12th grade		Aerpoi	<u>Butical</u>	Engineer		in Mar			
- 1	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Maiden Surnan	ne)		
BE	Walter G. Butku	S	19b. M.	All INO ADDRESS	Anna C. (Street and Number or Rural			7/2 Codel		_
임	Harriet E. Butku	IS			Arthur Cir				.07	
	20a. METHOD OF DISPOSITION  1 Disposition   1 Disposition   2 Disposition   3		20b. PLACE AND	OATE OF DISPOS		OATE	20c. LOCATION		wn, State	_
	4 Donation 5 Other (Specify)		Gardens	s of Fa	ith Cem. 2-1	12-93	Baltimo	ore. M	Н	
1	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	51	22	NAME AND ADDRESS OF FI	ACII ITY		ME		
	Lossen.	Juneal	/ lom E	24	OIBELAI	R Rd			1 21236	
	23. PART I. Enter the diseases, or shock, or heart fellure	er complications that ce	used the deeth. on each line.	. Do not enter	the mode of dying, aud	ch ss cerdiac	or respiratory	errest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition								Onset and De	
	resulting in death)	s. Coag	ulase ne	gative	staphylococ	cal se	oticemi	a		
,			mic rena		190					
HIFICATION	Sequentially list conditions, if any, leeding to immediate	b. UIT U	AS A CONSEQUE	NCE OF):	ire					
3	cause. Enter UNDERLYING CAUSE (Disease or injury	- Hype	rtension	1					ļ 1	
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF):						
		d								
A.	PART II. Other algolificent condition		oth but not reau	liing in the un	derlying cause given in		WAS AN AUTOP PERFORMEO?	PSY 24b	WERE AUTOPSY FINDING	GS
	Congestive hea						YES 2 NO		COMPLETION OF CAUSE OF OEATH?	E
M	Left hemiplegi								1 - YES 2 - NO	
AN	Organic brain 25. WAS CASE REFERRED TO MEDICAL	Synarome			26. PLACE OF OEATH (C)					
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1√ Inpatient 2 □ ER	t/Outpatient 3 🗆 (	OTHER			- 44 .4			
E I	27. MANNER OF DEATH	28e. DATE OF INJU	URY 28	b. TIME OF	28c. INJURY AT		E HOW INJURY	OCCUREO		_
	1 Netural 5 Pending 2 Accident Investigation		barj	INJURY M	WORK?					
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, (Specify)	farm, streel, facto	ory, office	281. LOCATION City or Tow	(Street and Nun	mber or Rural F	Route Number,	
i I	An Oromican									
COMPLEIED		YSICIAN: To the best of my I								
3	2 MEDICAL EXAMIN	NER: On the basis of examin	nation end/or inves	rtigation, in my o			place, end due i	o the cause(s	s) end menner es stated	
<u>"</u>	29b. SIGNATURE AND TITLE OF CERTIFIE	ER	7		29c. LICENSE NU D / \$ 69		29d. I	DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE C	F DEATH (ITEM 27	7 (Type Print)	0/167			9/0/	13	_
		4219, ND.	5519-	BOHI	(n. no	3141.	MD. Z	1237	7	
	31. DATE FILEO (Month, Day, Year)	22 DEGISTRAN'S				17	-	- /		-
	FEB 17 1993	The section	1							

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	E
		CE	ERTIFICATE	OF	DEAT	H		REG. NO.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)  MARY AN	N BLACK	<			2. DATE OF MONTH		1993	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 268-07-5816	1 🗆 M 2 X XF	3 68 YRS. "	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. BATE OF (Month, L 7-26-	Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
TOR	9. FACILITY NAME (If not institution, give Francis Scott Key RESIDENCE OF DECEDENT				timore C			9c. COUNTY	OF DEATH
DIRECTOR	Mary Tallo	n altimore	2.5	TOWN OR LOCAT Baltimo	re Count	;y			1 Od. INSIDE CITY LIMITS?  1 YES XXXNO
FUNERAL	31 Hickory Nut Co	ourt	27	101	21236			10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2V JNO	if yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	n, Puerto Ric		or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8th grade	UCATION le completed) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use)	k done during mo retired.)	ON st of working			INESS/INDUS	TRY
N N	17. FATHER'S NAME (First, Middle, Last)		noosew.	rie	16. MOTHER'S NA		nemak:		
	John E. Yutte				Augusta			surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DORESS (Street a	nd Number or Rural			State Zin Co	del
2	Mrs. Catherine Me	adowcroft			Place B		,		,
1	20e. METHOD OF DISPOSITION  1	noval from State	PLACE AND DATE OF etery, crematory or other	DISPOSITION (Ne	meol	DATE 9+93	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		arkwood (		ID ADDRESS OF FA		TRaTi	imore	, Ma.
	Lesselw Fr			7401 E	nn Funera Belair Ro	d. Bal	to	Md. 2	1236
	23. PART *. Enter the diseeses, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. SEPSIS	ech line.	t enter the mo	de of dying, suc	h ss cardla	c or respin	atory arrest	Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL	PART II. Other significant conditio	ns contributing to death be	ut not resulting in	the underlying	g ceuse given in		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			24 M	ACE OF DEATH (Ch	mok onto and			
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:					
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	_	e 5 Residence	100		JURY OCCUR	FD
	Natural 5 Pending	(Month, Day, Year)	INJUE	ry wo	RK? res 2 \sum no	. 1000			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE DF INJURY building, stc. (Spec	— At home, farm, stre	net, factory, office		281. LOCATI City or	ON (Street a Town, State)	nd Number or I	Rural Route Number,
COMPLETED		BICIAN: To the best of my knowl ER: On the basis of examination							suse(s) and manner sa stated.
U U	296, SIGNATURE AND TITLE DE CERTIFIE	ER			29c. LICENSE NUI	MBER	T	29d. DATE SI	GNED (Month, Day, Year)
œ	Whater ( Mar. 1	h			TRUZ	37		12/1	5/23
5	31 NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (Type, P		BALDI	more		n/0	21207
	TEB 17 1993	le tenden-find	ATVINE .					.17	



B. BIRTHPLACE (State or Foreign

10d. INSIDE CITY 1 TES 2 NO

14. RACE — American Indian, Black, White, etc.

SPOWHITE

KANSAS

9:21 pm

1 - STATE REGISTRAR

. DECEDENT'S NAME (First, Middle, Last)

ROBERTA M.

**BRAUM** 

E HOSPITAL DR ATTENDING PHYSCHATT THE THE PROPERTY CONTINGED BE execUTED WITHIN 24 HOURS After death. Page 6 may be retained by the hospit	ached	
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withir	E FUNERAL DIRECTOR: After this certified the same and the attending physician and completely filled in by the funeral director, page 5 should be det	лета
Per	E OC	al, c
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J. Lauless

4. SOCIAL SECURITY NUMBER 578-62-7433 7. DATE OF BIRTH
(MOUTH, Cary, Your)
MARCH 6, 1898 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 F 94 DAYS HOURS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONIGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY RESIDENCE OF DECEDENT MONTGOMERY 10c. CITY, TOWN OR LOCATION SILVER SPRING 101. ZIP CODE 20901 100. STREET AND NUMBER 3486 CHISWICK COURT FUNERAL 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit al or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— H was anactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 1 Never Married 2 Marrie 3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 8 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of 16b. KIND OF BUSINESS/INDUSTRY ecify only high We kind of work done duri Do NOT use retired.) HOMEMAKER ò tary (0-12) College (1-4 or 5+) HOME be notified at once. 17. FATHER'S NAME (First, Middle, Lest)
EDWIN LEON MYERS ROSE ELLA NEYMAN BE 19a. INFORMANT'S NAME (Type/Print) WAVA G. SKAGGS 19b. MAILING ADDRESS (Street and Number or Flural Route Number City or Town, State, Zip Code)
POBOX 315 SAVAGE, MD. 20763 9 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State cometery cremetory or other place) CREMATORY 2/11 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD. the medical 23. PART I. Enter the diseases, for complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Heont disease or condition resulting in death) occurred a shows any injury, or other traumatic event, COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Anderios Elewis that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY, Juke stevial lung Disease allengue 1 YES 2 NO Camprossion 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TO THE HOSPITAL DR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ca be filed within 72 hours after death with IMPORTANT: It Item 28 is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29s. CERTIFIER
1 Thenk now 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Tourless ho D25410

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)"(Type, Print)

AL REGISTANT SIGNATURE

3801

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

FEBRUARY 10, 1993

ALEXANDRIA, VA. Approximata Interval Between Onset and Death aculé 4000 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO COMPLETION OF CAUSE** 1 - YES 2 1 NO 11/93 International DRive Silve String. W. 20906. DHMH-16 Rev 1/89 - men an more from the

BALTIMORE, MARYLAND 21215-0020	ISICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be tratained by the hospital or attending physician.  I certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be the State Dept. of Heath and Mental Hyglene prior to bund, cremation, or removal.  I certificate has any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OFFICENE RHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host TO THE FUNERAL.  TO THE FUNERAL.  The FUNERAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 nours.  The filled within 72 nours and death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.  IN THE FUNERAL STATE AND AND A STATE AND AND A STATE AND AND A STATE AND A

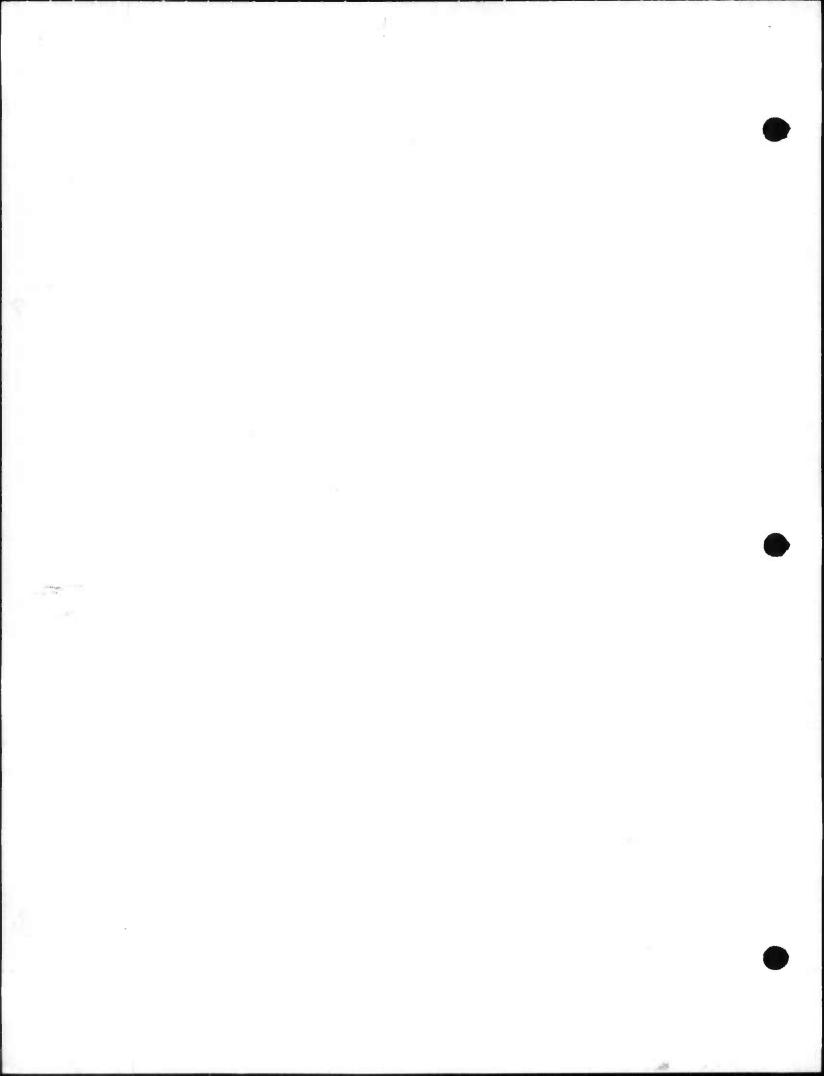
4. SOCIAL SECURITY NUMBER  5. SEX  1 MORT 1 YEAR  F UNDER 1 YEAR  F UNDER 1 YEAR  F UNDER 1 YEAR  F UNDER 24 HMS.  7. DATE OF BIRTTH  (Month, Day, Wear)  1 MARY 100, Wear)  90. FACILITY NAME (If not institution, give street end number)  91. FACILITY NAME (If not institution, give street end number)  92. FACILITY NAME (If not institution, give street end number)  100. STATE  100. STREET AND NUMBER  100. STREET A	d. INSIDE CITY LIMITS?  YES 2 NO						
Se. P.CCLITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  PATHODORY  100. CITY, TOWN OR LOCATION  11 MANTAL STATUS  11. MANTAL STATUS  12. WAS DECEORATE EVER IN U.S. ARMED  13. WAS DECEMBENT OR SPANC ORIGIN? (Specify Yes or No— 11.4 RACE  11 MANTAL STATUS  11 MANTAL STATUS  12. WAS DECEORATE EVER IN U.S. ARMED  13. WAS DECEMBENT ORIGIN? (Specify Yes or No— 11.4 RACE  14. RACE  15. DECEORATE ORIGINS (Specify Mastican, Pushfor Rical, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, District, Micking, Mic	American Indian.						
TOO THE STATE STATUS  106. COUNTY  107. STATE  107. COUNTY  108. STATE  108. COUNTY  109. STATE  108. COUNTY  109. STATE  109. CITIZEN OF WAS  11. MARITAL STATUS  11.	od. INSIDE CITY LIMITS?  YES 2 MO  American Indian.						
TO. STREET AND HUMBER  TO. STREET AND HUMBER	LIMITS?  YES 2 NO  AT COUNTRY?  American Indian.						
3 Wildowed 4 Other Capacity: Specify: S	American Indian.						
15. DECEDENT'S EQUATION   16a. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. DECEDENT'S USUAL OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY   16c. KIND OF BUSINESS/	/hite, etc.						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19c. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE UCENSES  22. NAME AND ADDRESS OF FACILITY  HA IGHT F. H. BOXIAS SYKESUILE, MA.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, immediate Cause (Final disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Unite						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19c. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of compteny, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE INCEMSES 22. NAME AND ADDRESS OF FACILITY  121. SIGNATURE OF FUNERAL SERVICE INCEMSES 222. NAME AND ADDRESS OF FACILITY  123. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  125. DUE TO (OR AS A CONSEQUENCE OF):	HERY						
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death						
d							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WI	RE AUTOPSY FINDINGS						
TOTA STUMENTIAL PATION SINO ON	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 217 NO						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES   20   NO							
CO 2 Accident Investigation M 1 YES 2 NO	27. MANNER OF DEATH  286. DATE OF INJURY  (Month, Dey, Year)  286. IME OF INJURY AT WORK?  1 Natural 5 Pending  286. DATE OF INJURY  (Month, Dey, Year)  1 Natural 1 Ves 3 No.						
3 Suicide 6 Could not be 4 Homicide detarmined  25a. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)  25a. CERTIFIER							
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner se stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end	Number,						
290. SIGNATURE AND WITE OF CERTIFIED  290. LICENSE NUMBER  291. DATE SIGNED (M.  291. DATE SIGNED (M.  292. LICENSE NUMBER  293. DATE SIGNED (M.  294. DATE SIGNED (M.  295. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (M.  298. DATE SIGNED (M.  299. Print)							
31. DATE FILED (MOVIE), Day, Year) J. 32. REGISTRAR'S SIGNATURE  FFB 17 1993	d manner se stated.						

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ion, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNE PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 472 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	terescention to the contract of the contract o

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1. DECEDENT'S NAME (First	t, Middle, Last,	)	OLITT	FICATE OF	DEATH		REG. NO.			. TIME OF D	ATH
	CHARLES CAN	MMARAT	CA CA				02	nн рам 13		993	7:45	р
	4. SOCIAL SECURITY NUM 214-12-15		5. SEX 1 (X) M 2 ( ) F	8. AGE (In yrs. last birthda 69 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 20-192		Country)	LACE (State o	Foreig
_	9a. FACILITY NAME (If not is	institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNT	- 4		
TOR	THE JOHNS H		S HOSPITA	L	BALTI	MORE CIT	Y_		BALTI	[MOR]	E	
DIRECTOR	MD.	10b. COUN	TY		Baltimo						Od. INSIDE C	
FUNERAL	100. STREET AND NUMBER	10	nont Ave		1	01. ZIP CODE 21224			U.S	N OF WH	AT COUNTRY	
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Dive			T EVER IN U.S. ARMED  X YES 2 NO  AR OR DATES  Navy WWI	If yes, s	CENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	an, Puerto					ndlan
ETED	15. DEC (Specify on	CEDENT'S ED	UCATION de completed)	16a. DECEDENT	'S USUAL OCCUPAT		16	. KIND OF BUS				
PLE	Elementary/Secondary (I	(0-12)	College (1-4 or 5 +	+)	in Vard	Worker		Bethl	ehom	S+	001	
COMPL	17. FATHER'S NAME (First, N			1 011	ip iaia	16. MOTNER'S N.				36	cer	
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2	19a. INFORMANT'S NAME (		· + -			and Number or Rural					224	
	20a. METHOD OF DISPOSIT	TION		20b. PLACE AND DAT		rmont A	ve.		ATION — CH			_
	M∑Buriel 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other			HOLV Re	deemer	Cemeter	v 2.	-18-93	Ba	1to	- Md -	
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	Educa	m.	17 F:	20000	MOLa	II-HSIILU	1 1 1	merar	D C J I I I	E .	TIVC .	
	IMMEDIATE CAUSE (Fi	haert fallure	complications that List only one cau	t caused the death. Do	not anter the m	oda of dying, su	ch as car	diac or respir			Approx Interval Onset	me Be
ERTIFICATION	ahock, or h	tions, ediate	a. Alter OUE TO	t caused the death. Do	OP):	oda of dying, su	ch as car	diac or respir			Approx	me Be
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artience	NRECT	ours a	IMPORTANT: If Item 28 is marked, or item as the injury, or other traumatic event, the medical examiner must be notified at once.
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HOSPH	SUNE	within	MAIL
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2	2	2	X

31. DATE-FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FOR 1 STATE	STATE OF MAR				MENTAL HYGIEN	IE		
REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last) EMMA CORKRA	N				2. DATE OF DEATH 2-16-93	AY Y		TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-03-8248	5. SEX 6. A	GE (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 11-28-1		BIRTHPLA Country)	MCE (State or Foreign
9e. FACILITY NAME (If not institution, give st Cromwell Merid		ie	96. CITY, TOWN O	R LOCATION OF DE		% COUNTY Balt	Y OF DEAT	Н
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Md			y, TOWN OR LOCAT				Ι.	d. INSIDE CITY LIMITS?
10. STREET AND NUMBER 3322 Cliftmont	Avenue		10f.	ZIP CODε 21213		10g. CITIZE	N OF WHA	YES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	II yes, spe	ENDENT OF HISPAN cify Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		Specify:	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 Yrs	CATION completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION Work done during most se retired.)	N It of working	16b. KIND OF BU	SINESS/INDUS		<u>e</u>
17. FATHER'S NAME (First, Middle, Last) Stephen Whale	en			Emma E	ME (First, Middle, Meiden Lizabeth	Germ		
19a. INFORMANT'S NAME (Type/Print)  Carroll Mars	hall G-SO				Poute Number, City or Tow e., Balto			213
20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE ( cemetery, crematory or or Green Mo	of DISPOSITION (Nei	me of	OATE 20c. LO	CATION — CIT	y or Town,	State M.d.
21. SIGNATURE OF FUNERAL SERVICE LIC	Edisor	M. Perk	cins Br	ADDRESS OF FA	Spring R	noral	Hor	TN-
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only ona causa o	sed the death. Do n	not enter tha mod	le of dying, suci	h aa cardiac or reap	iratory arrea	t,	Approximate interval Between Onset and Deati
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27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yes	RY 28b. TIMI	E OF 28c. INJU	IRY AT	8 ☐ Other (Specify) 28d. OEŞCRIBE HOW 8	NJURY OCCUR	REO	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (5	URY — Al home, farm, a Specify)	street, factory, office		28f. LOCATION (Street ( City or Town, State)		Rural Route	Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER								d manner en stated.
1.00	momo			29c. LICENSE NUM D40		29d. DATE SI	IGNED (Mo	10. Day (Mar)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)	nolii	1480	notes	M	D 2/201

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CTOR	98. FACILITY NAME (W not institution, gh 317 Old Trail	ve street and number)			9b. CITY,		timore	OEATH		ec. cour Ba	Itin	more
EG	RESIDENCE OF DECEDENT  10e. STATE  10b. COU	NTY		10c CIT	Y, TOWN O	PLOCAT	ION					10d. INSIDE CITY
DIRE	Maryland B	altimore			Balt							LIMITS?
FUNERAL	317 Old Trai:	1				101.	21212		10g. CITIZEN OF WI			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		12. WAS DECEDENT EVER IN U.S. ARIMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Research Puerto Rican, etc.) 1 Sec. 2 1 Sec. Specify:				fy Yes or No.— 14. RACE Americal Black, White, et		W 24 B .
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COMPL	3 yrs.			ractor	у мо	rker	18. MOTHER'S	NAME (EL-)				
BE C	Peter Heim						Mar		Mulend			
5	19a, INFORMANT'S NAME (Type/Print) Mrs. Evelyn Ca	mpion		19b. MAILING 317 (			nd Number or Au L Balt	imore	Md 2	n, Stata, Zip 1212	Code)	
	20a. METHOD OF DISPOSITION  1  Burlal 2 XXCremation 3 R  4 Donation 8 Other (Specify)		b. PLACE AND DATE OF DISPOSITION (Name of Greening units) PCT ematory			DAT	DATE   20c. LOCATION — City or Town, State   Baltimore, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RODERT M. Kratz  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home  6500 York Rd. 21212											
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	23. PART I. Enter the diseases, shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ca	on d	line.							est,	
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MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition of the condition of the condition of the cause of the	b. DUE TO C. DUE TO d. Line contributing to	O (OR AS A COM	NSEDUCINCE DI	P:	derlying	any	ON In Part I.	24a. WAS AN PERFO	AUTOPSY RIMED?		Interval Betwee Onset and Detail Deta
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MANOR PROFESSIONAL BLDG. 3421 SWEET AIR RUAD PHOENIX, MD 21131 PHONE: 667-4620

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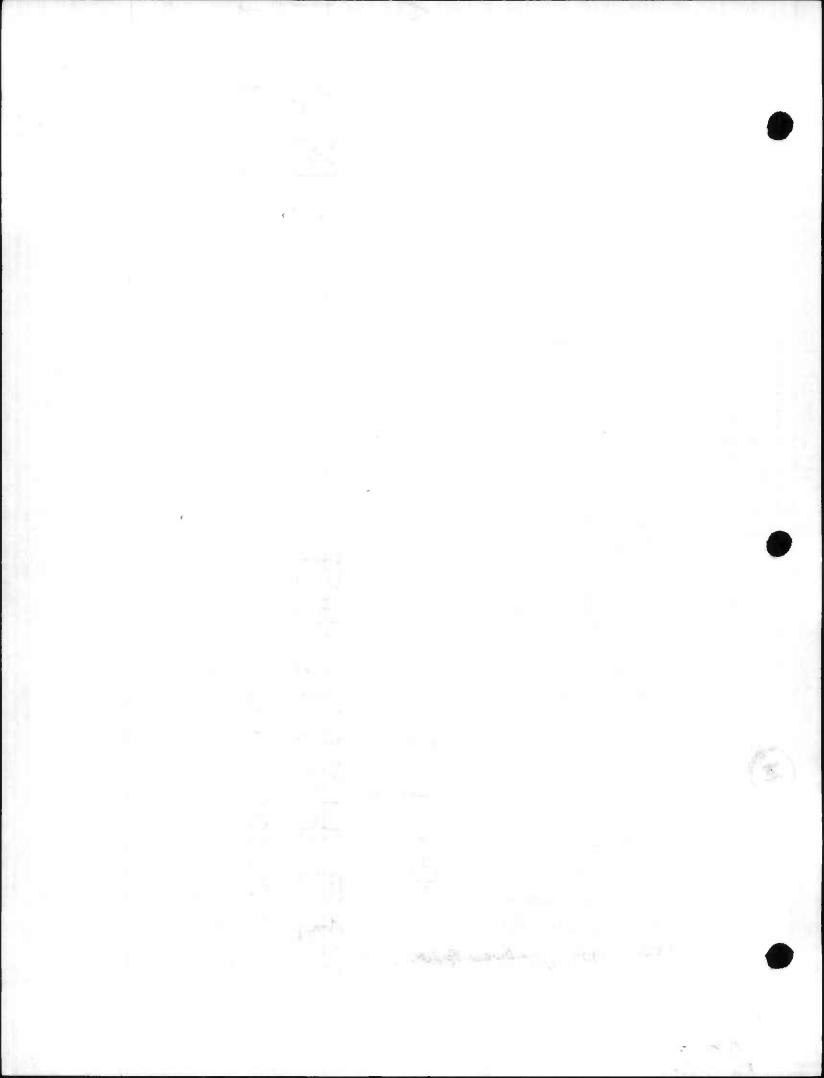
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	TO THE HOSPITAL OR ATTENDED THE CONTROL OF THE CONTROL OF THE CONTROL OF THE HOSPITAL OF ATTENDED THE CONTROL OF THE CONTROL O	TO THE FUNERAL CHECKER AND AND THE PROBLEM OF THE ATTENDING Physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND I	MENTAL HYGIENE REG. NO.		91
	1. DECEDENT'S NAME (First, Middle, Last)	HURCH	+	2. DATE OF DEATH MONTH DAY	9 YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  3. SEX  1 M 2 F  9a. FACILITY NAME (If not institution, give street and number)	78 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) () 4-13-1	j Country)	cyland
TOR	1540 Appleton Street		Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY Maryland	10c. CITY, TOWN	on Location imore			d. INSIDE CITY LIMITS?  X YES 2 \( \square\) NO
	10e. STREET AND NUMBER		10f. ZIP CODE	1	10g. CITIZEN OF WHA	
BY FUNERAL	1540 North Appleton Str  11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 13	21217 WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, W Specify:	American Indian.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)  Secret	during most of working	Baltimon	IESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Leet)  Knox 1/100dy			ME (First, Middle, Maiden Sui ise Brook		
TO BE	19e. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural	Route Number, City or Town, S	State, Zip Code)	20715
	Rodney C. Peters  20a METHOD OF DISPOSITION 1 A Burfal 2 Commetter 3 Removal from State	Ob. PLACE AND DATE DE OIS	ince of Wa	OATE 20c. LOCAT	TION — City or Town,	State
	4 Donation 5 Other (Specify)	Couldon Park C	. NAME AND ADDRESS OF FA	2/16 Balt	Funeral H	omes, Inc.
	I want a bale	(h.	2501 Gwynns 1 Baltimore, Ma	Falls Parkwa	ay	
	23. PART I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS	eech fline.	SE PS (	_	tory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEDUENCE OF):	SUL	CER		
MEDICAL C	PART II. Other significant conditions contributing to death  DEM CNTIA	but not resulting in the u	indarlying cause given in	Part I. 24e, WAS AN AU PERFORM! 1 YES 2	ED? AN	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)		
PHYSICIAN:	EXAMINER?  1 YES 2 DANO  1 LAmpatient 2 ER/O	other other	R: ursing Home 5 🗆 Residence	No. of Contract of		
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUI	RY — At home, farm, street, fa	ctory, office	281. LOCATION (Street and City or Town, State)	1 Number or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of ex					nd manner as stated.
띪	29b. SIGNATURE AND TITLE DF CERTIFIER	Colon 1	29c. LICENSE NU	MBER 2 (680)	29d. DATE SIGNEO	(3/93
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Printy	S ALK A	JUE -	21213	- 1
	31. DATE FILEO (Month, Day, Year)  FEB 17 1993. Shia Seviden	-Rondo				



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50,	. OR MENDING HYSICIAN: The law requires that the death certificate be executed within 24 h	. DIFFCURE ATTACHMS certificate has been signed by the attending physician and completely filled	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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DIVISION DE VITAL RECORDS, P.O. BOX 68760,	80	DIRE	hours

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BERNICE HAWKINS COPELAND 1993 Feb 13 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTIN (Month, Day, Year June 22 IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 1 🗆 M 2 💢 🟋 MONTHS DAYS HOURS 220-30-3586 87 YRS. 1905 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN DIRECTOR 4206 Evans Chapel Road Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland XX YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4206 Evans Chapel Road 211 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yae or No—If yee, specify Cuban, Maxicon, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced Black 6 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) College 3 Domestic 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) BE George M. Brown Mary Brown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21211 2 Vertelle Hall 4206 Evans Chapel Road Baltimore, MD 49a\_METHOD OF DISPOSITION
4 Burlel 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Arbutus Memorial Park 2/17 Baltimore County, MD 4 Donation A Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PARM I. Enter the diseases, or complications that caused the feath. Do not enter tha mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 Residence 8 Other (Specify) 4 🗌 Nurs 27. MANNEB-OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

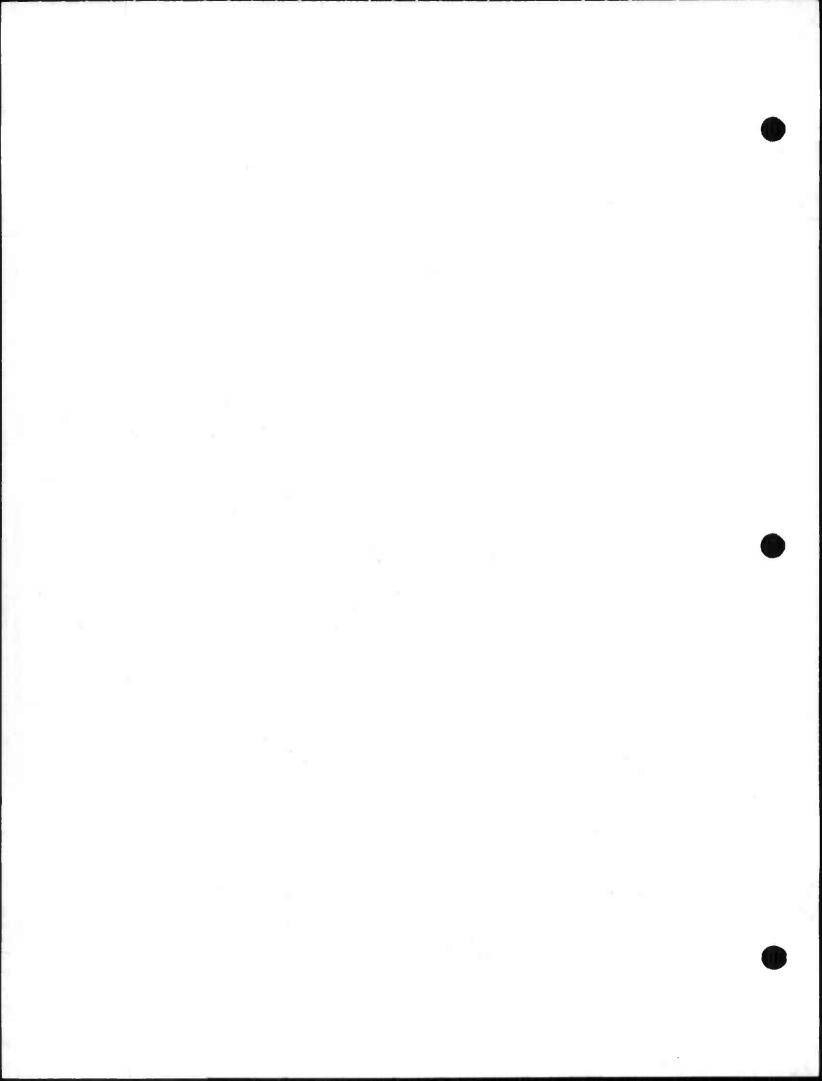
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated.

2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

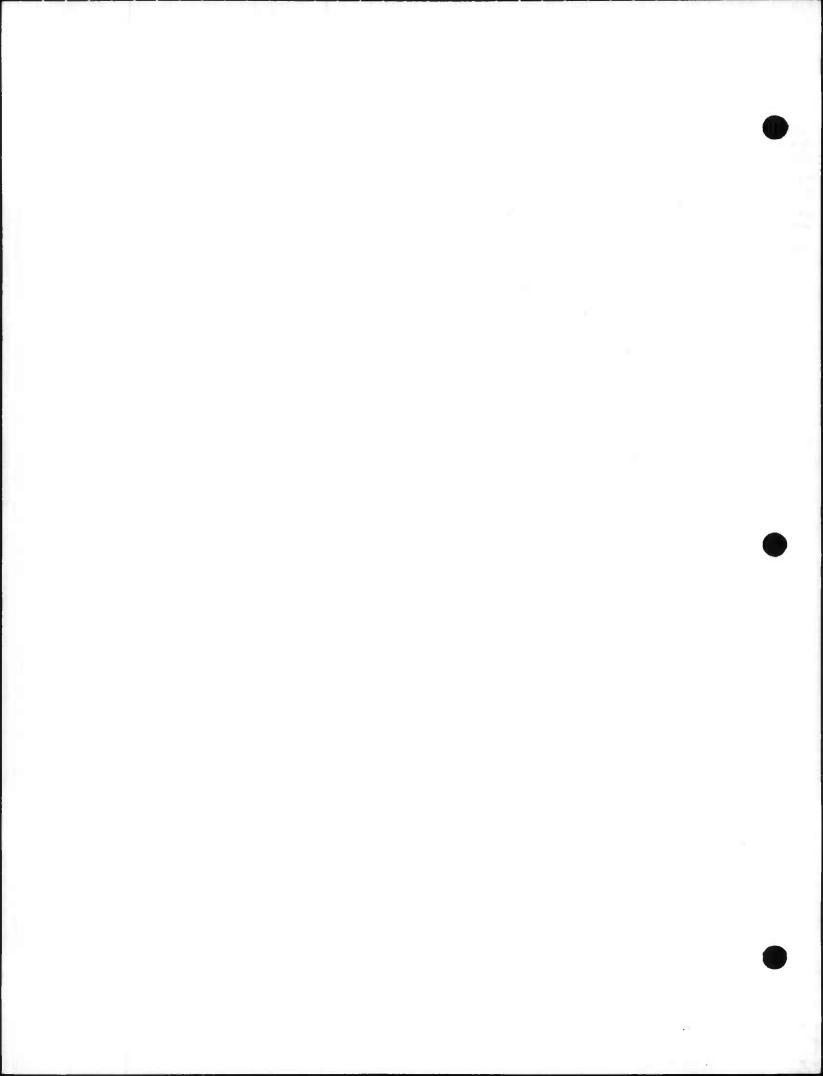
John Floges VD	116534	1 2/15/93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
	1 Lock PLAVEN BLUT	BaltomD 2124
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BALTIMORE, MARYLAND 21215	ntificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	in observior and completely filled in the the femoral discount of wheel he decided the
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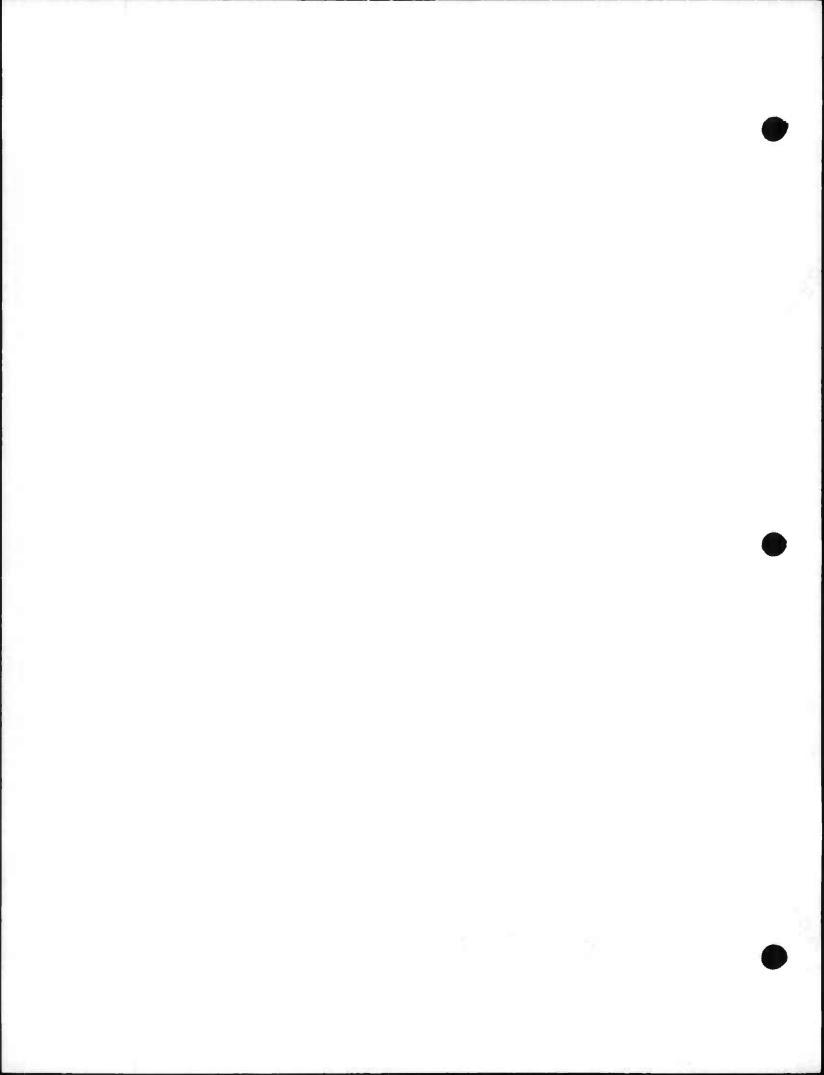
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H	EALTH AND I	MENTAL HYGII		00010
	1	1. DECEDENT'S NAME (First, Middle Last)	sey			2. DATE OF DEATH	15 198	3. TIME OF DEATH
9	17	4. SOCIAL SECURITY NUMBER 215-12-8375	5. SEX 6. AGE (In yrs. last to	VRS. FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	1	BIRTHPLACE (State or Foreign Country)
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s  Liberty Meo RESIDENCE OF DECEDENT	troot and number)	- Balt	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
7	DIRECTOR	10e. STATE 10b. COUNT		Ba (H)	ION			10d, INSIDE CITY LIMITS? 1 YES 2 NO
in. ransit pen	FUNERAL		in Blud	101.	2/215		10g. CITIZEN	OF WHAT COUNTRY?
215-0020 attending physicia	В	11, MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Was decedent eyer in U.S. Arm Forces? 1 ☑ Yes 2 ☐ NO IF Yes, Give War or Dates		city Cuban, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
21 21 21 21	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give	EDENT'S USUAL OCCUPATION IN INC. I kind of work done during most to NOT use retired.)	N st of working	16b. KIND OF	BUSINESS/INDUST	
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.		17. FATHER'S NAME (First, Middle, Last)	inseu		18. MOTHER'S NA	ME (First, Middle Maid	o wder	v
MAR be retained to 5 should a notified	TO BE	DO FIS L. DO	1864 H	MAILING ADDRESS (Stroot as	nd Number or Rural I	Toute Number, City or		
ALTIMORE, death. Page 6 may be funeral director, page examiner must be		20s. METHOD OF DISPOSITION  1 Surial 2 A Cremation 3 Rem  4 Denation 5 Other (Specify)	Me	D DATE OF DISPOSITION (Na atory or other place)	me of		atons a	or Town, State
BALTIMORE, ter death. Page 6 may be the funeral director, page wal. i examiner must be	1	31. SIGNATURE OF FUNERAL SERVICE LIC	H. Thomps	on your	D ADDRESS OF FA	1. West	bash	Se
24 hours filled in the fon, or re-		23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease on condition resulting in death)	complications that caused the deal List only one cause on each line. Aspirati	n. Do not enter the moo	16	n as cardiac or re	apiratory arrest.	Approximate Interval Between Onset and Death
P So Co	NO	Sequentially ilst conditions,	b. A cute Re	ral fail	we			
P.O. BOX 68  In certificate be execute anding physician and c Hygiene prior to buria or other traumatic	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO OR AS A CONSEQUE	ENCE OF:	) is ease			
	CERT	that initiated events resulting in deeth) LAST	d					
D a the man	EDICAL	PART II. Other significant condition Seizure Dia	s contributing to death but not rea	sulting in the underlying	cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
VITAL RECOR	AN:	25. WAS CASE REFERRED TO MEDICAL						1 □ YES 2 🖫 ÑO
PHYSICIAN: The this certificate he with the State D with the State D with the State D with the State D	PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNES OF DEATH	HOSPITAL: 1 tripetient 2 ER/Outpetient 3	DOA 4 Nursing Home		8 Other (Specify)		
O 본 환화	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		RK? ES 2 NO	28d. DEŞCRIBE HO	N INJURY OCCUR	ED
VISIC ATTENDI ATTENDI RECTOR: A INS after of	ETED	3 Suicide 6 Could not be defermined	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street, factory, office		281. LOCATION (Stre City or Town, Str		Rural Route Number,
	COMPL		CIAN: To the best of my knowledge, deatl R: On the basis of axamination and/or inv					euse(a) and manner as stated.
문 문 문 문	O BE C	296 SIGNATURE AND TITLE OF CERTIFIER	wh IT M.D.		29c. LICENSE NUM			GNED (Month, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUSE OF DEATH (ITEM	(Type, Print) Libe	vty M	dical a	Center	
		31. DATE PILED (Wahin, Day, Year)	32. REGISTRAR'S SIGNATURE	M.		· ·		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THENDING P DR: After the the the the the the the the the the	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	at is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN REG. NO		0 0007
	1. DECEDENT'S NAME (First, Middle, Last)  ROBERT  4. SOCIAL SECURITY NUMBER	DYSON				2. DATE OF DEATH DOWNTH 0 2/13/1		3. TIME OF DEATH
	215-03-4613	1√ M 2 □ F	80 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 3/31/13		BIRTHPLACE (State or Foreign Country) MD
TOR	9a. FACILITY NAME (If not institution, give  301 MCMECHEN S'  RESIDENCE OF DECEDENT			BALTIN	ORE	ATH	9c. COUNTY	
DIRECTOR	MARYLAND 10b. COUNT	Y		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 301 McMECHEN S'	TREET, APT 3	04	10f	21217		1	OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, spi		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo		166. KIND OF BU	SINESS/INDUS	TRY
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM DYSON				MAMIE	ME (First, Middle, Maiden DYSON		
De notified	19e. INFORMANT'S NAME (Type/Print)  MARJORIE WILLIA  20s. METHOD OF DISPOSITION		2500 W	. BELVE	EDERE AVE	BALTO .	MD 212	15
examiner must	1) Buriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	ob, PLACE AND DATE OF ornetery, crematory or othe ARBUTUS ME	PARK 22. NAME AN	2/1	8/93 A	RBUTUS	or Town, State
other traumatic event,	Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. HASCUI  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	where	t inv	River of tastana	Tun	190
AL CE	PART II. Other significant condition	dna contributing to death	but not resulting in			Part I. 24s. WAS AN	AUTOPSY	
shows MEI				the underlying	g cause given in i		PMED?	AVAILABLE PRIOR TO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL	ACE OF OEATH (Che	1   YES :	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Our 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	26. PL OTHER:	ACE OF GEATH (Che	1   YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Y Netural 5 Pending Investigation  3 Suicide a Could not be determined	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIME INJUI	26. PL OTHER:   Nursing Hom OF 28c, INJ RY WO M 1   1	ACE OF OEATH (Che  o 5	PERFOI  1 YES :  ck only one)  6 Other (Specify)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
MPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Y Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  20. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	1 inpetient 2 inpe	7 28b. TIME INJUI	26. PL DTHER:    Nursing Hom RY M 1 NO 1 NO eet, factory, office at the time, dats	ACE OF OEATH (Che  5   Desidence  WAY  RKY  YES 2   NO  snd place, and due	Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW (Street City or Town, Stele)  to the cause(s) and ma	NJURY OCCUR	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  EO  For a series of the seri
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Sp.  SICIAN: To the best of my kno- ER: On the best of sxaminsti	repatient 3 DOA 4  28b. TIME INJUI  RY — At home, farm, strectly)  wiedge, death occurred ion and/or investigation,  EATH (ITEM 27) (Type, F	26. PL DTHER:    Nursing Hom OF WY M 1   Nursing Hom 1   Nursi	ACE OF OEATH (Che  5   Desidence  White the control of the control	PERFOI    VES	NJURY OCCUR and Number or i	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  FOR THE PRIOR TO COMPLETION OF CAUSE OF DEATH?



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 370-18-4278 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Harbor Hospital Center City Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 105 - 9th Avenue 21225 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BΥ 1 YES 2 NO Specify: 3 ₩ Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gr Ď Elementary/Secondary (0-12) College (1-4 or 5+) detached Captain 4 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Floyd Edwards Katherine Frank page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Sheila Trice 105 - 9th Avenue Pe 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremetton 3 Rer

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, i cemetery, crematory or other place)
Cedar Hill Cemetery 2/17 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. medical 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart feilure. List only one ceuse on each line. ö **IMMEDIATE CAUSE (Final** deng physician and completely fille Profese prior to burial, cremation, event, the disease or condition\_ opu resulting in death) executed within OX 68760, DUE TO (OR DUE TO OR AS A CONSEQUENCE OF or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate pertificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 6 After this certificate has been signed death with the State Dept. of Health PHYSICIAN: WP 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 SCInpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence & - Other (Specify) 4 - Nursing Ho 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY is marked, Natural 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 500 4 Homicide Item HOSPITAL OR 29a. CERTIFIER (Chack anily (Ch THE HOSPITAL (
THE FUNERAL D
filed within 72 h 20 TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typh, Print)

32. REDISTRAR'S SIGNATURE

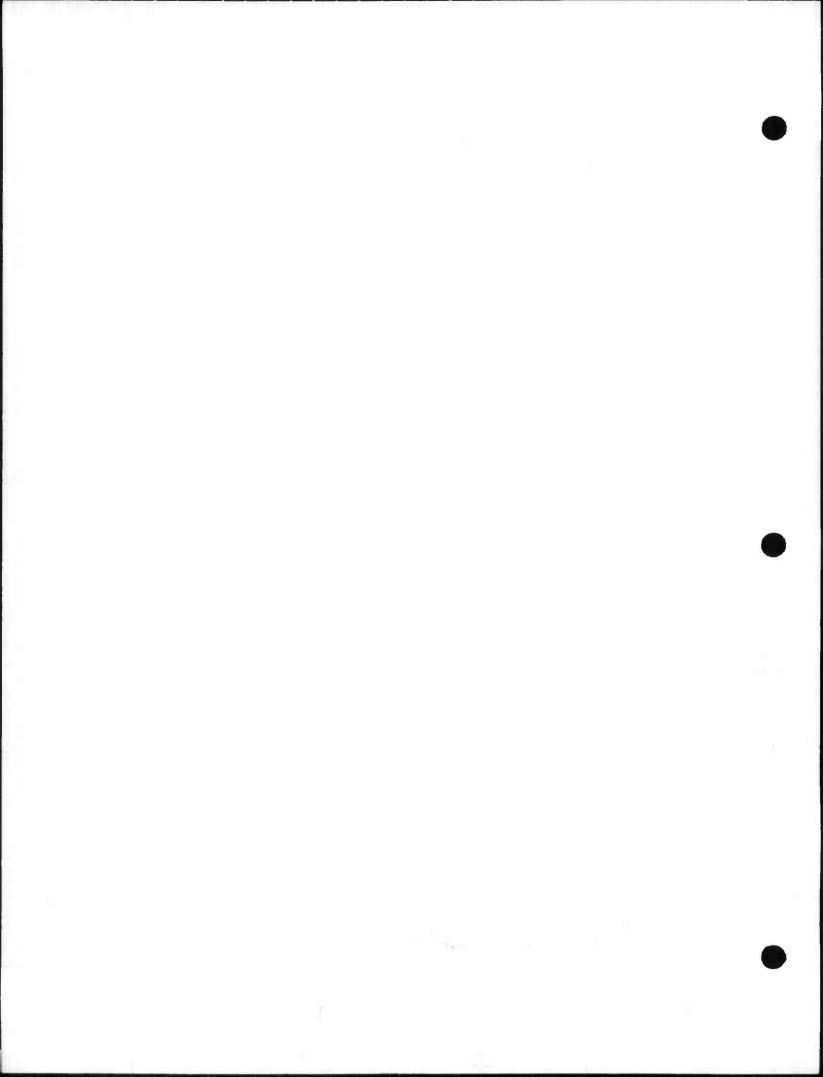
CERTIFICATE OF DEATH

2. DATE OF DEATH

93 03678 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 93 10:16 AM 8. BIRTHPLACE (State or Foreign Michigan 9c. COUNTY OF DEATH 10d, INSIDE CITY 1 YES 2 W NO 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White Master, Mates & Pilots Baltimore, Maryland 21225 20c. LOCATION - City or Town, State Baltimore, Maryland Baltimore, Md. 21225 Approximate Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

29d, DATE SIGNED (Month, Day, Year)

HARRARHOJP, 300) S. HANOVER ST. BACT, MORE, MD 21230



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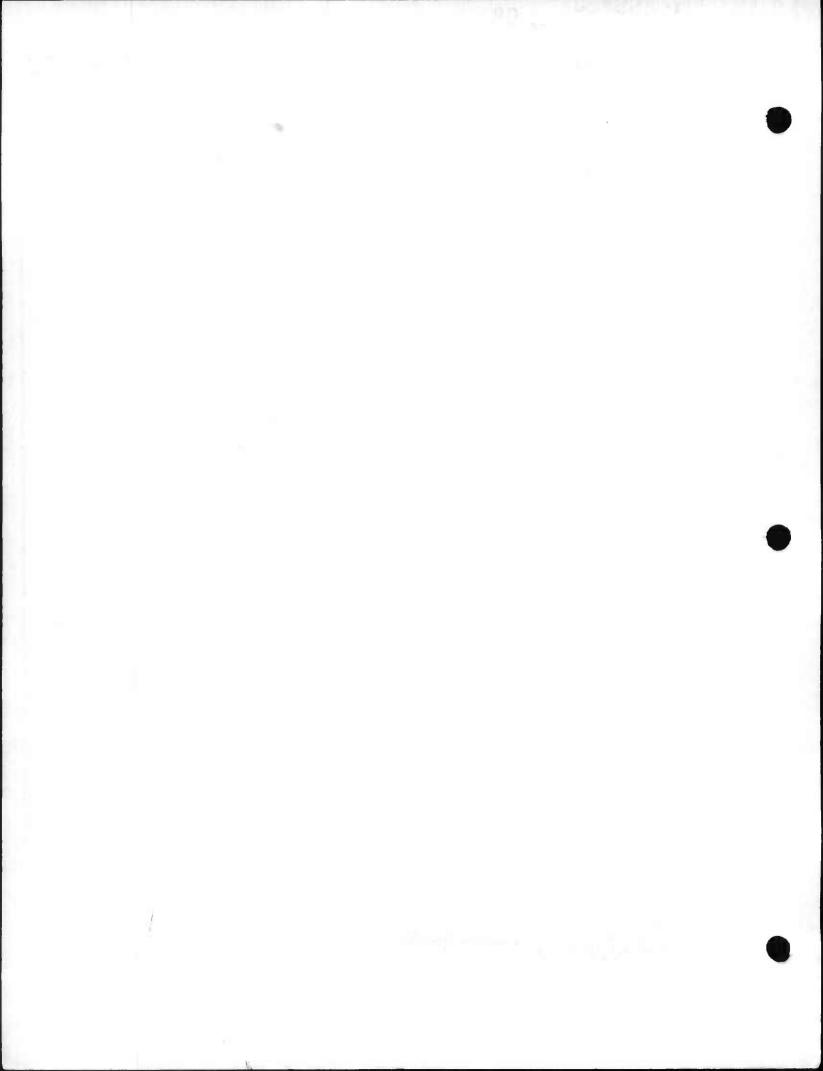
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death. Page 6 may be retained by the host	e funeral director, page 5 should be detache	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, L			ATE OF DEAT	H REG. I		
2 Homes C	asi) ( vond		With the	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) IF	INDER A MEAN TO THE PARTY OF TH		13 13.	7.36 19
237 22 6917	1 ⊠ M 2 □ F		UNDER 1 YEAR # UNDER 1	7. DATE OF BIRTH (Month, Day, Year, 4 19	Cour	HPLACE (State or Foreign try)
80. FACILITY NAME (If not institution, g	give street and gumber)	Mospitel	CITY, TOWN OR LOCATIO		9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT	-	- 1	,	1-2	Dai	
10a. STATE 10b. COI	UNTY	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY
Md.		Balt	imore			LIMITS?
10a. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
3526 Essex R	d.		2120	7	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify	Yes or No- 14, RAC	E American Indian,
1 Never Married XX Married	FORCES? TYPES	S 2 NO	If yes, specify Cuban 1 ☐ YES 2 Ø∑NO	, Mexican, Puerto Ricen, etc.)	Bla	ck, White, etc.
3 Widowed 4 Divorced	W W	WII	T U TES 2 ZENO	Specify:	BĨ	ack
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATION	165 KIND OF	BUSINESS/INDUSTRY	
(Specify only highest g	grade completed)	(Give kind of work	done during most of working	IOU. KIND OF	OSINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		e Operato		Burnet	t
		110011211				
17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (First, Middle, Maid		
James	Evans			eneva Hart		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number	or Rural Route Number, City or	lown, State, Zio Code)	
Mrs. Joyce E	vans			Balto., Mc		
20a, METHOD OF DISPOSITION						
1 Suriel 2 Cremetton 3 F 4 Donation 5 Other (Specify)	Removal from State	Ob. PLACE AND DATE OF DI OFFICE OF THE COLOR OF THE PARTY	Forest		wings M	ills, Md.
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRES		4	*
	1 chi +			Morton & S	ons	
Jumes	. Muzion	$\nu$		ens St. Ba		d. 21217
IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. DUE TO (OR AS	espiralsing	e Overed	E (anys	hole)	Intervel Betweer Onset and Deati
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Severe	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The True	-ibrillat a l blee	ding/		
PART II. Other significant condi	tions contributing to deeth when coid		rfully (0	HOL INTERPRET	AN AUTOPSY ORMED? 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Kentl Ins	ull: Gency.	Hypen	Kalenia.			
Rendl In Se	100	Hyper	26. PLACE OF DE	ATH (Check only one)		
EXAMINER?	HOSPITAL		26. PLACE OF DE			
	HOSPITAL:	tpatient 3 DOA 4	26. PLACE OF DE THER: Nursing Home 5 Res	Idence 8  Other (Specily)	W 4M 4M 100 COCC	
EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL	tpatient 3 DOA 4 DOA 28b. TIME OF	26. PLACE OF DE THER: Nursing Home 5 Res 28c. INJURY AT WORK?	Idence 8 Other (Specify) 28d. DESCRIBE HO	V INJURY OCCURED	
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EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  N Natural 5 Pending 2 Accident Investigation	HOSPITAL:  1 Onpatient 2 ER/Out  28e. DATE OF INJURY  (Month, Day, Vear)  28e. PLACE OF INJURY  Duilding, etc. (So	tipatient 3 DOA 4 28b. TIME OF INJURY	26. PLACE OF DE THER: Nursing Home 5 Res 28c. INJURY AT WORK? M 1 YES 2	Idence 8 Other (Specily)  28d. DESCRIBE HOT	et end Number or Rural	Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Neturel 5 Pending Investigate 3 Suicide 8 Could not 4 Homicide determines  29e. CERTIFIER (Check only)	HOSPITAL:  1 Inpatient 2 ER/Out  28e. DATE OF INJURY  (Month, Day, Year)  28e. PLACE OF INJUR  building, etc. (Sp.  HYSICIAN: To the bast of my known	repatient 3 DOA 4 DOA 4 DOA 4 DOA 1	26. PLACE OF DE THER: Nursing Home 5 Res THER: Nursing Home 5 Res THER: WORKY M 1 YES 2 THER: TH	NO  28d. DESCRIBE HOT 28d. DESCRIBE HOT 28t. LOCATION (Stre City or fown, Ste	et end Number or Rural te)	
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EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending 1 Neetigeti 3 Suicide 8 Could not 4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL:  1 Inputent 2 ER/Out  28e. DATE OF INJURY  (Month, Day, Year)  28e. PLACE OF INJUR  building, etc. (Spi  HYSICIAN: To the bast of my know  MINER: On the base of exemination	At home, term, stree ecity)  RY — At home, term, stree ecity)  RY — At home, term, stree ecity)  RY — At home, term, stree ecity)	26. PLACE OF DE THER:   Nursing Home 5   Res   28c. INJURY AT   WORK?   M   1   YES 2     t, tectory, office   the time, date end place, or my opinion, death occure   Se   29c. LICEN	NO  28d. DESCRIBE HOT  28d. DESCRIBE HOT  28t. LOCATION (Stre- City or fown, Ste  and due to the cause(s) and r  d at the time, date end place,	et and Number or Rural te)  sanner se stated,  end due to the ceuse(	s) and menner ee stated,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending 1 revestigate 3 Suicide 8 Could not 4 Homicide 8 Centrifier (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inputent 2 ER/Out  28e. DATE OF INJURY  (Month, Day, Year)  28e. PLACE OF INJUR  building, etc. (Spi  HYSICIAN: To the bast of my know  MINER: On the base of exemination  IFIER  WHO COMPLETED CAUSE OF D	atpatient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 5 DOA 4 DOA 5	26. PLACE OF DE THER: Nursing Home 5 Res 28c. INJURY AT WORK? M 1 YES 2 t, tectory, office the time, date end place, or my opinion, death occure	NO  28d. DESCRIBE HOT  28d. DESCRIBE HOT  28t. LOCATION (Stre- City or fown, Ste  and due to the cause(s) and r  d at the time, date end place,	et and Number or Rural te)  sanner se stated,  end due to the ceuse(	e) and menner ee stated.
EXAMINER?  1 YES 2 NO  27. MANYER OF DEATH  1 Netural S Pending Investigate 3 Suicide 8 Could not determined 4 Homicide CERTIFYING PROPERTY ONE) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON	HOSPITAL:  11 or Inpatient 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Spi  HYSICIAN: To the bast of my known of the base of exemineth  IFIER  I WIND COMPLETED CAUSE OF D	atpatient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 5 DOA 4 DOA 5	26. PLACE OF DE THER:   Nursing Home 5   Res   28c. INJURY AT   WORK?   M   1   YES 2     t, tectory, office   the time, date end place, or my opinion, death occure   Se   29c. LICEN	NO  28d. DESCRIBE HOT  28d. DESCRIBE HOT  28t. LOCATION (Stre- City or fown, Ste  and due to the cause(s) and r  d at the time, date end place,	et and Number or Rural te)  sanner se stated,  end due to the ceuse(	e) and menner ee stated.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPING PAYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

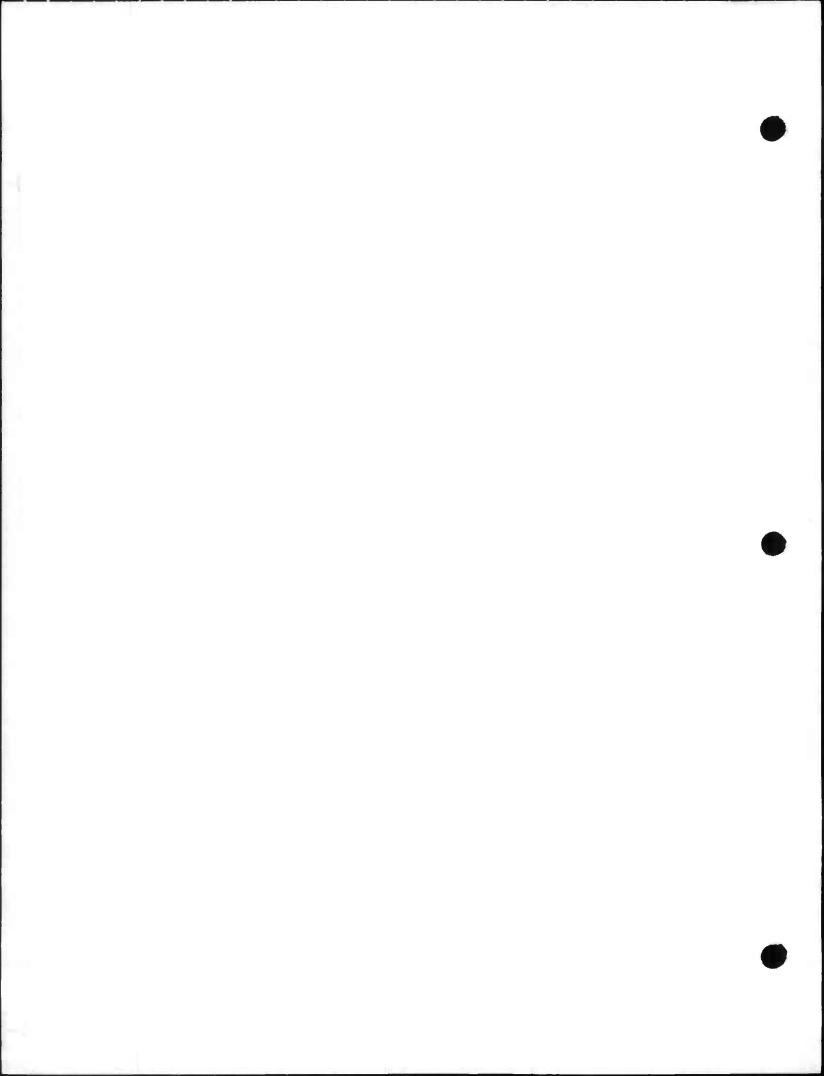
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4	1. DECEDENT'S NAME (First, Middle, Lee	Ferguson				2. D.	ATE OF GEATH DAY	93	3. TIME OF DEATH
	I. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					24 HRS. 7. D/	ATE OF BIOTH	THPLACE (State or Foreign	
	246-48-8220	59 YRS.	MONTHS D	AYS HOURS	MIN. (A	7-11-33	3 Cour	N.C.	
TOR	9a. FACILITY NAME (If not institution, give elreet end number)  BALTIMORE VA  BALTIMORE  BALTIMORE								
FUNERAL DIRECTOR	10a. STATE 10b. COUP		10c. CI	TY, TOWN OR L					10d. INSIDE CITY LIMITS?  1 X XYES 2 NO
A	10e. STREET AND NUMBER			BALTI	10f. ZIP COO	E		10g. CITIZEN OF	WHAT COUNTRY?
E	2720 BERYL A	VENUE			212	05		U.S	. A .
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EV FORCES? IV	YER IN U.S. ARMED YES 2 NO OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ver.			IGIN? (Specify Yes o rto Rican, etc.)	or No-  14. RACE - American Indien, Black, White, etc.  Specify: BLACK	
COMPLETED	15. DECEOENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed)  Coffege (1-4 or 5 +)	16a. DECEDENT' (Give kind of	work done duri	PATION ng most of worldi	ng	16b. KIND OF BUSIN	NESS/INDUSTRY	
N N	8th  17. FATHER'S NAME (First, Middle, Last)				to Horr	ALEBAS HAME OF	ARMY		
ŭ	GUS DAVID MCN	JEILL				RY FER	rst, Middle, Meiden St.	imame)	
38	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (Si			lumber, City or Town,	State, Zip Code)	
2	NANNIE FERGU	JSON					IMORE,		205
	20a. METHOD OF DISPOSITION 1 Sy Burlal 2 Cremation 3 Re	emoval from State	20b. PLACE AND DATE cemetery, cremetory or	OF DISPOSITIO				TION — City or	The state of the s
	4 Donation 6 Dither (Specify)		GARRISO	N FOR				NGS M	ILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	1000		SS OF FACILITY		F N	ORTH AVE.
-	23. PART I. Enter the diseases, o	r complications that ca	used the deeth. Do						Approximate
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE OF	OF):					Onset and Death
EDICAL CER	PART II. Other algnificant condition	ons contributing to dea	th but not resulting	in the under	lying cause (	given in Part i	. 24a. WAS AN AL PERFORM	ED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ									1   YES 2   NO
Ž.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF D	EATH (Check only	y one)		
ž	1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing	Home 5 🗀 Re	sidence 6 🗆 C	ther (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		JURY	: INJURY AT WORK?		DESCRIBE HOW INJ	URY OCCUREO	
	3 Suicide 8 Could not b 4 Homicide determined	e 26e. PLACE OF IN. building, etc.	JURY — At home, ferm, (Specify)	street, factory,	office	28f. L	OCATION (Street and City or Town, State)	Number or Rural	Route Number,
COMPLETED		SICIAN: To the best of my in NER: On the basis of examin							(s) end manner ee stated.
TO BE O	296. SIGNATURE AND TITLE OF CHIPTIES	ms M	. D.			47693			0 (Month, Pay, Year)
	30. NAME AND ADDRESS OF PERSON V		f DEATH (ITEM 27) (Typ) 4: more		_		-18		
	"FEB-17"1993	32 EGIE HAR'S							

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIENI REG. NO.	E 93-	03681
		1. DECEDENT'S NAME (First, Middle, Last) Amel	ia	Ga11	agher		2. DATE OF DEATH	Y 1 0 0 YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1993	12:16A M
pino		213-10-3870  Pal. FACILITY NAME (If not institution, give s	1 M 2 F	87 YRS.	MONTHS DAYS	HOURS MIN.	08 07 19		ryland
2, 3 should	ECTOR	Memoria	l Hospital			ston	MIN.		1bot
Pages 1,	3ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
permit. Pa	L DIRI	Maryland 10s. STREET AND NUMBER	Caroline			Ridgel	У		1 YES 2 NO
nsit pe	ERAL	105 Park Aven	ue		101	21660		U.S	· A .
5-0020 nding physiclan. is the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	If yes, sp	ENDENT OF HISPANI octity Cuban, Mexican 2 ND Specify:	C ORIGIN? (Specify Yes, Puerto Ricen, etc.)	Spi	CE - American Indian, ack, White, etc.
use itte	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	18b. KIND OF BUS	-	
o seital o		Elementary/Secondary (0-12) 8 yrs.	College (1-4 or 5+) None		stress		Clothi	ng	
A se s	COMPL	17. FATHER'S NAME (First, Middle, Lest) J. (unknown)	Michael Lu	dwig		18. MOTHER'S NAM	E (First, Middle, Maiden S		<del></del>
AR ained thould	) BE	19a. INFORMANT'S NAME (Type/Print)	HICHAEL Du		ADDRESS (Street a		oute Number, City or Town		
E, No re age 5	5	Donald L. Gall							nd 21660
m e 6 m	8	Burtel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata cen	i.PLACE AND DATE of the control of t	ther plece)		1	cation - city or daelv.	Maryland
		21. SIGNATURE OF FUNERAL SERVICE LI					JEPAL H	OME!	CA
after after hove		23. PART I. Enter the diseases, or	complications that cause	the death Do r	()RA	TUSERB	Nenten	,Mdo	21629
y filled in the strong or restriction.		shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Peri-	on h	_	de or dynig, such	as cardiac or respir	atory arrest,	Approximate interval Between Onset and Death
Executed within and complete o burial, cremination metic event,	z		DUE TO (OR AS A	CONSEQUÊNCE OF	0.5	wals	7 840-		I week
OX 6 DX 6 DE EXEC DE EXE DE TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7:	0	6 h	A	114	
P.O. Both certificate tending physical Hydrene programme or other to	ERTI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	7: 500		mil) a c	nin	TV-CBYTTC
Name of Street	AL C	PART II. Other significant condition	s contributing to death b	out not resulting i	n the underlying	g cause given in P	Part I. 24s. WAS AN / PERFOR		4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
S THE STATE OF THE	MEDIC	HSW)=	ceremon	D. w. lo	1 dise	euse c	1 YES 2		COMPLETION OF CAUSE OF DEATH?
Illew report to the control of the c	Ä	henipe	wais -	ev my 1	nis +	- tege	- '		1 YES 2 NO
A HHH E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	MESER D. J. BOSCI	OTHER:	ACE OF DEATH (Chec			
OF VI PHYSICIAN: This certific with the Si with the Si	ЭНХ	27. MANNER OF DEATH	1 Sinpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCUREO	
	ВУ	1 Natural 5 Pending Investigation			M 1 🗆 1	PRK?			
Zaffer 15.	ETED	3 Suicide 6 Could not be datermined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
4 40 +	COMPLE		CIAN: To the best of my know						s(a) and manner as stated
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	6	SIN SOMETHIE AND TITLE OF CERTIFIE				29c. LICENSE NUM		-	ED (Month, Day, Year)
E E S S	NO.	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (7-22	Print	202	824	<b>P</b> (	23 93
		HUBERT T. DAM	JKINS J	2 m.5	). 1	PASTON.	MARIN	NILDI	2/601
		JAN 26 393	32. REGISTRAR'S SIGN	Son-Randel	2				



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

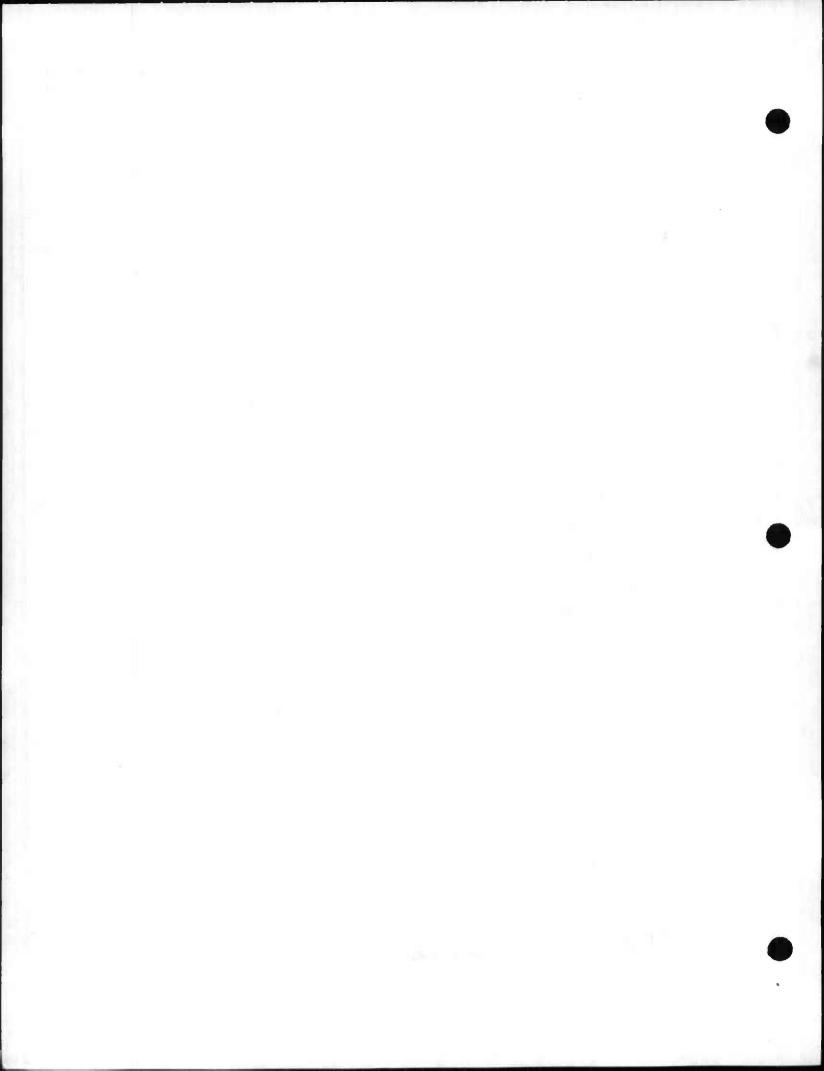
32. REGISTRAR'S SIGNATURE

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and the most of th	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 leath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 03682 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH CHERRIE YEAR 14 H Feb 1993 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign South Carolina 1 M 2 - F YRS. 01-08-10 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BON SECOUYS ltimore DIRECTOR HOSBITA 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD ltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MCKEAHAVE 1521 21217 US 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NOT IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexicon, Puerto Rican, stc.) 14. RACE — American Indien, Black, White, etc. Specify: Black 2 Merried BY 1 YES 2 XNO Specify 3 Wildowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) abover 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surr BE 19b. MAILING ADDRESS (S) 2 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na 20c. LOCATION uriel 2 Cremetion 3 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. NAME AND ADDRESS OF user 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Neumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Chronic obstru disense. 1 TES 2 NO Chronic 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPYAL;
1 Dispatient 2 DER/Outpatient 3 DOA OTHER 1 YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D27860 2

WASH





BALTIMORE, MARYLAND 21215-00

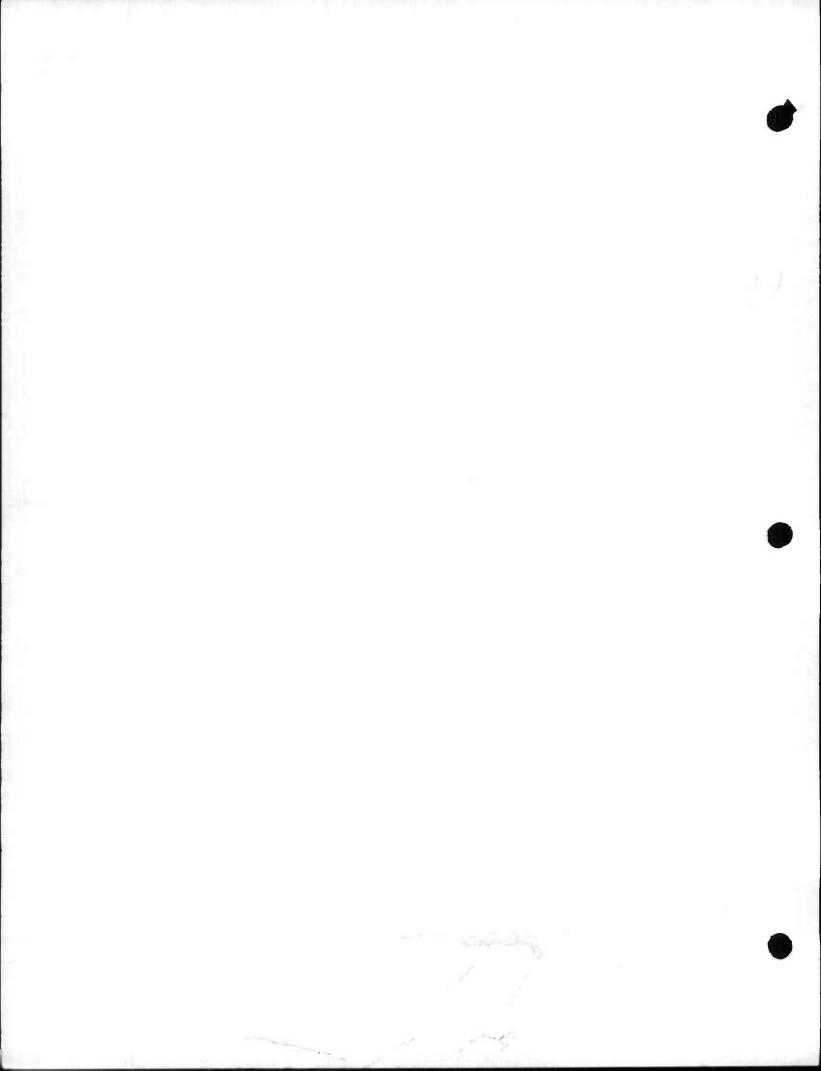
mm. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE C	OMPL	ETED BY PHYSICIAN: MEDICAL C	DICAL (	CERTIFICATION				TO BE	BE COMPLETED	ETED	BY FUNE	RAL D	RECTO	Œ		
29b. SIGN	29a. CERT (Chec one)	3   3	PART II	Sequent of sny, in cause. CAUSE that initing resulting the cause of th	iMMEDI disesse resultin	23. PAR	20a. MET 1X Bur 4 Don 21. SIGN/	Joh 190. INFO	101 17. FATHE	Flam	620 11. MARI 1   Non 3x3x Wid	Ma:	RESID 10e. STAT	9e. FACI	ANI 4. SOCIA	1. DECED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

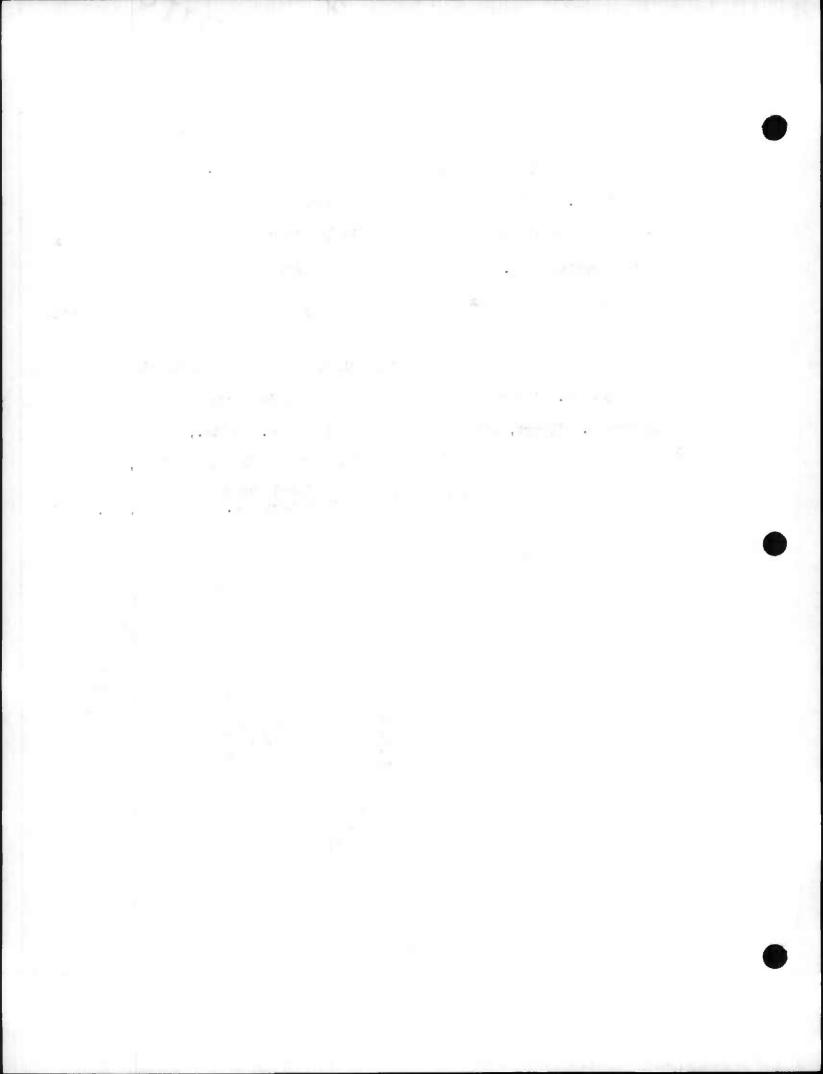
1 - STATE REGISTRAR	SIAIE	UP MAKT	CERTIF				ID ME	NTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle								DATE OF DEATH		VEA.	3. TIME OF DEATH
ANNA ELIZABET							-	2/ 12	_/ `	23	145njm
4. SOCIAL SECURITY NUMBER	5, SEX		E (In yrs. lest hirthday)	IF UNDER 1		IF UNDER 24 H		Month C-		8. BIRTH Country	PLACE (State or Foreign
212-12-0262	1 M 2	7\				I Vilviera		5/27/14			yland
9a. FACILITY NAME (If not institution	n, give street end nur		Harile	9b. CITY	TOWN OR	LOCATION C	OF OEATH		9c. COL	JNTY OF O	EATH
RESIDENCE OF DECEDE		41910	10001th	4	TO	rson ·	,			Balti	more
	COUNTY		10c. CIT	LA' LÜMAN OL	R LOÇATIO	N,					10d, INSIDE CITY LIMITS?
	Baltimore			Cowsor	n	_					1 TES 2 XX0
100. STREET AND NUMBER					101. 2	CIP CODE			10g. CI	. معدالا	"HĄT COUNTRY?
6201 Loch Rave						21239			U.	S.A.	
1 Never Married 2 Marrie	FORCE	S? 1 7		11	yes, spec	Ify Guben, Mi	exican, Pr	PRIGIN? (Specify Yes serto Rican, etc.)	or No-	Black	- American Indian, t, White, etc.
3xx Widowed 4 □ Divorced	IF YES	GIVE WAR OR	DATES	1	YES 2	NO S	pecify:			Speci	White
15. DECEDENT	r'S EDUCATION st grade completed)		18e. DECEOENT'S	USUAL OCI	CUPATION	-4		16b. KIND OF BUS	HNESS/IN		
Elementary/Secondary (0-12)		l-4 or 5 +)	Ille. Do NOT u	se retired.)	uning most	ar working					
10th Grade			Compute	er Pos	ster			S&N Ka	atz.		
17. FATHER'S NAME (First, Middle, L	ast)					16. MOTHER'S	S NAME (	First, Middle, Meiden	Surneme)		
John Kerher  190. INFORMANT'S NAME (Type/Pri			A			Mary	z Miii	Cphy Number, City or Tow			
Jeanne Zanzi	nt)										
20a. METHOD OF DISPOSITION			0b. PLACE AND DATE				Che	y Chase		208	
tx Buriel 2 Cremation 3 4 Donation 5 Other (Specia		tate c	emetery, crematory or c	other place)			1			City or To	
21. SIGNATURE OF FUNERAL SER			Md. Natl.	22. N	DY JA	AOORESS O	F FACILIT	16/93 Lai	rel.	, Mar	yland
Misti	1 /	L		Jo	ohnso	n Fur	nera.	L Home			
23. PART I. Enter the disease	) · No pol	that caus	ed the death. Do	85	521 I	och B	laver	Blvd	Tows	son,	MD 21286
snock, or naurt to	allure. List only	ne couse on	aach iina.	not enter t	ine moda	or aying,	such as	csrdiac or respi	ratory si	rrest,	Approximats interval Batween
immediate cause (Final disease or condition	1/	Ivy b	1/1000	1. College	Ant		71.				Onset and Death
resulting in death)	s	OUE TO (OR AS	A CONSEQUENCE O	IF):	1111	00 10	1100	asc.			
	- H	01 -1	rachas.			•					_
Sequentially list conditions, if any, lasding to immediate	1	DUE TO (OR AS	A CONSEQUENCE O	F):							
CAUSE (Disease or injury	c										
that initiated events resulting in death) LAST		OUE TO (OR AS	A CONSEQUENCE O	F):							
, Accessor, Newson, 2001	d										
PART ii. Other significant co	nditions contribu	ting to deeth	but not recuiting	in the und	deriying o	euse giver	n in Peri	I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
								1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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25. WAS CASE REFERRED TO MED EXAMINER?	HOSPIT	AL:		OTHER:		E OF DEATH	(Check o	nly one)			
1 YES 2 NO 27. MANNER OF DEATH		ATE OF INJUR	ripetient 3 DOA	4 - Nursi	ng Home			Other (Specify)			
1 Netural 5 Pendin		Wonth, Day, Year,		JURY 2	28c. INJUR WORK	17		I. DESCRIBE HOW IF	IJURY OC	CURED	
2 Accident Investig	28a F	LACE OF INJUI	RY — At home, farm,	street tector	1 VE	3 2 NO	-	LOCATION (Street	and March	010	
4 Homicide determ	not be	uliding, etc. (Sc	pecify)	317 331, 120101	ry, other		201	City or Town, State)	na Numbe	r or Huraii Hi	oute Number,
29a, CERTIFIER ON CERTIFYING	PHYSICIAN: To the	heat of my kny	owledge, death occurr	and as the star		4 -1					
											and menner as stated.
29b. SIGNATURE AND TITLE OF CE						9c. LICENSE					
VOUSTE	MIL	600 01	alad M	D.	ľ	ac FICEMSE	NUMBER		29d. DA1	2 //1	(Month, Day, Yeer)
30. NAME AND ADDRESS OF PERS	ON WHO COMPLET	ED CAUSE OF	DEATH (ITEM 27) (Type	, Print)		1 ,	1			//	7 1 3
	ho	00 16	mark	h /	1001	or for					
FEB 1 7 19	93 3	CHOTHUR'S SIC	NATURE NATURE		,						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

COUNTY OF STTEMPING DUVERFIAM. The last requires that the death cariffens he associated within 38 hours after death. Done 8 mes he presented by the housing or encoded as he stated	PARTING OF THE CONTROLL OF THE CONTROL OF THE CONTR	death w	NT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE SUBSHITTING	TO THE FUNERAL	be filed within 72 hours after	IMPORTANT: If

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Tiomas	Conrad		DEDE:	2. DATE OF DEATH DON'TH DO 12		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			BERT SR UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIFTH		9:05 A
	223 22 3336 9a. FACILITY NAME (If not institution, give str	1 M 2 D F	70 YRS. MO	THE DAYS HOURS MIN.	Sept. 9	1922 V	Ä
TOR	Franklin Sq. Ho		, , , , , , , , , , , , , , , , , , ,	Rossville	DEATH	BALTIN	
DIRECTOR	10a. STATE 10b. COUNTY	timore	10c. CITY, T	Middle River			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 1301 Fuselage	Ave.		10f. ZIP CODE 21220		10g. CITIZEN OF USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuben, Mexi 1 YES 2 NO Specific No.	can, Puerto Rican, etc.)	or No- 14, RAC Blac Spe	E — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	166. KIND OF BUS	SINESS/INDUSTRY	
릴	11		Mill	Wright	Ste	el Mill	
ő	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
BE (	Luke C. (	Gilbert		Madi	e Aron		
0	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Run			
	Ethelene S. Gill	cert, Wife	1301	Fuselage Ave	. Balto	MD 21220	)
	20e. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE OF B	sposition (Name of	2/16/93 Dai	CATION — City or T	
	21. SIGNATURE OF PONERAL SERVICE LICE	ENSEE	. /	22. NAME AND ADDRESS OF	FACILITY		
	Almer &	July	mai	Bruzdzinski 1407 Eastern	runeral Hor	me PA	Wa 21221
	23. PARTI. Enter the diseases, or construction of the part fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on a	ach line.	ial Fibrosis	uch as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	-bronchage)		oma			
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				<b>\</b>
MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resulting in t	ne underlying cause given i	Part 1. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		1.3	26. PLACE OF DEATH (	Check only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		HER: Nursing Home 5 Residence	8 Other (Specify)		
£	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stree	t, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLE				the time, date and place, and do my opinion, death occurred at ti			(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	surafa	MO	29c. LICENSE N	UMBER	29d. DATE SIGNE	D (Month, Day, Year)
	Dr. Moustafa M.D.			o Dr. Balto., M	D. 21237		
	FEB 17 1993	32. REGISTRAR'S SIGN	ATURE Handall.	100			



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 13 1993 7:51 Gunther Henry À 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 213-09-1180 17 M 2 | F YRS. 3-6-12 80 MD hours after death. Page 6 may be retained by the hospital or attending physician. led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 90. FACILITY NAME (If not institution, give street and number).
Franklin Square Hospital CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rossville DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore Rosedale 1 TES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 8214 Analee Ave. 21237 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Bethlehem Steel Forman once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Gunther Margaret Ross ¥ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code, 8214 Analee Ave.; Balto, MD 21237 9 Elaine Lohrmann 99 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE Burial 2 Cremation 3 Removal from State

Donation 5 Other (Specify) Oak Lawn 2-16-93 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY cyach/Rosedale Funeral Home 1211 Chesaco Ave. attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate shock, or heart failure. List only one cause Interval Between Onset and Death IMMEDIATE CAUSE (Final HEUTE MYOCARDIAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF): disease or condition \_\_\_\_ executed within CARDO VASCULAR VISEDE other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the Certificate has been signed by the State Dept. of Health and 1, or Item 23 shows any in MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND 1 | Inpetient 2 | ER/Outpetient 3 DOA ne 5 🗆 Residence 💲 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28h. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 ND BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide HOSPITAL OR ATTENTION OF THE PUNERAL DIRECT hours Item 29a. CERTIFIER

(Chack note of the cause) Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M gumanian -93 D A.15 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF ONATH (ITEM 27) (Type, Print) M.D. 3552 Philadelphia Road Baltimore MD 21237 A REDECTION OF THE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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page 5 should be

director.

the funeral

filled in by

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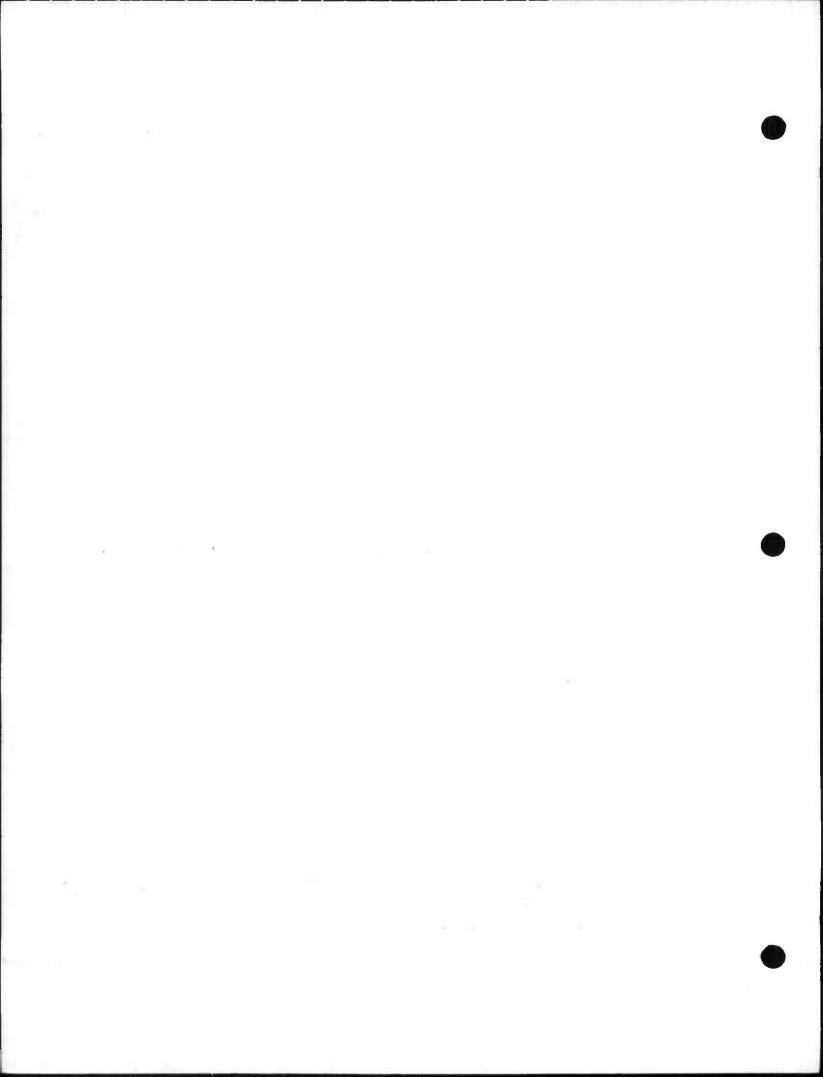
use as the burial-transit permit. Pages 1, 2, 3 should

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TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no
7	4
SIOF	TENDING
2	A
	O.

93 03686 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 5: 30AH DORIS GALLAGHER 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 12-2-1927 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 65 217281454 1 M 2 XF Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR CHURCH HOSPITAL BALTIMORE, MD RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore City YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 130 N. East Avenue 21224 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 NO Specify ВY 3 🛚 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 12 notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) George Fansler Bessie Thompson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jeff Gallagher 130 N. East Ave. Balto., MD 21224 e 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Must correctory eramptory Cotton place) Cem. 2/15/93 Maryland examiner 21. SIGNATURE\_OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, INc. Funeral Home legabeth 23. PART I. Entry the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. medicei Interval Between **IMMEDIATE CAUSE (Final Onset and Death** FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, within 72 hours team 28 is marked, or Item 23 shows any Injury, or other traumatic event, the ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition KESPINATONY FAILURE.
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 ☐ YES 2 ☐ NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigs 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
Be filed within 72 h
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year

▶ 2//2/93 29b. SIGNATURE AND TITLE OF CERTIFIER D 173 BE Mizemi ~0 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NAZEMI M DESCHURCH HOSPITAL CORPORATION



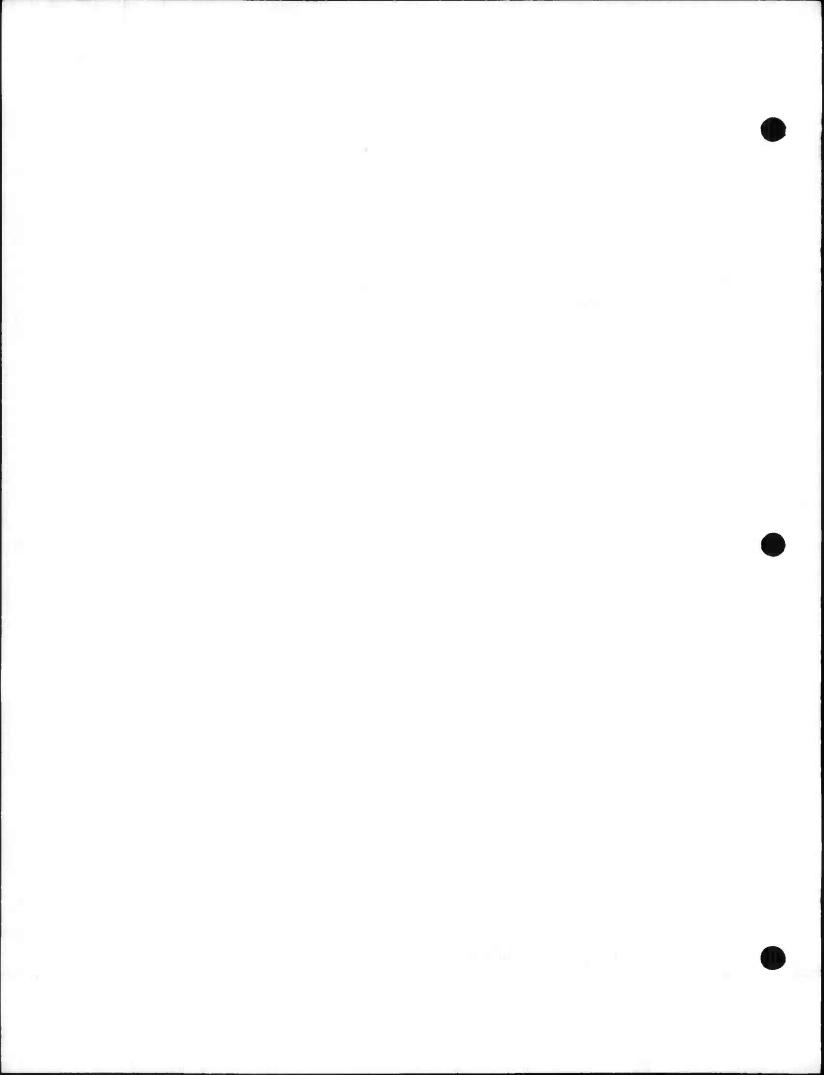
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the band-life and montal thygiene prior to bridlal, certained.  The page 6 may be retained by the hospital production of the production of the page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use as the band-life page 6 should be detached for use 1 should be a	IMPORTANT IN NOTH 26 IS MARKED, OF NOTH 25 SHOWS ANY INJURY, OF OWING WANT, THE MEDICAL EXAMINET MUST DE MOUTED ET DICE.

BALTIMORE, MARYLAND 21215-0029

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
'S NAME (First, Middle, Last)			2. DATE O	
dann	**	2	MONTH	DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE		
- 0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 27	Edgar	Н.		Gerke . s	Sr.		2 190	93 07:08 4
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
L	214-22-9893	12 M 2 □ F 64	YRS.			07-27-192	8	Baltimore, Md
	9a. FACILITY NAME (If not institution, give str				R LOCATION OF D	EATH		Y OF DEATH
10	Franklin Square H	ospital		Baltin	nore		BALT	FIMORE COUNTY
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
100		timore Count	у Ва	ltimore				LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Ä	6209 Golden Ring I				.237		U.S.	Α
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spi	cify Cuban, Mexica	NIC ORIGIN? (Specify Y in, Puerto Rican, etc.)	es or No— 14	I. RACE — American Indian, Black, White, etc.
B¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗌 YES	2 X NO Specif	у:		specily: White
E	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION CONTRIBUTE	16a. DECEDENT'S	USUAL OCCUPATION	N of warding	16b. KIND OF B		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	no retired.)	at or working			
COMPLETED	12th Grade		Lock Sm	ith			State	
	17. FATHER'S NAME (First, Middle, Last)				Marie H	AME (First, Middle, Maide	n Surname)	
BE	Earl H. Gerke		195 MAII ING	ADDRESS (Street o		Route Number, City or To	on Chair 7/a Ca	
5	Madeline M. Gerke							ryland 21237
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE	OF DISPOSITION (Na				y or Town, State
- 3	↑ Burial 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	rel from State	etery, cremetory or o	f Faith	Cemeter	7 2/15 Bal	timore.	Maryland
- 33	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	ĵį.	22. NAME AN	D ADDRESS OF FA	CILITY		
	1 Jackleen	M. Bur	when	6415 E	. Miller Belair Ro	oad, Balti	more,	Maryland 2120
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that cause	the death. Do i	not enter the mo	de of dying, suc	h as cardiac or rea	piratory arres	t, Approximate
	IMMEDIATE CAUSE (Final	M	0	1	0 -	0		Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	under	141	Mer	lu		
_	54:	DUE 19 (OH AS A	CONSÉQUENCE O	F):	/			
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):				
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	d	,						
A L	PART II. Other algnificant conditions	contributing to death b	ut not reaulting	In the underlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
MEDIC						1 □ YES	1997	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Ch			
H X	27. MANNED-OF OEATH	1 Inpatient 2 ER/Outp	atient 3 LPDOA 28b, TIM			6 Other (Specify) 28d. DE\$CRIBE HOW	IN HIRV OCCUR	PEO.
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	100. DEGOINDE HOW	maoni occor	ALC .
ED BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, office	,	281. LOCATION (Street		Rural Route Number,
ETE	4 Homicide determined					City or Town, State	9)	
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occum	ed at the time, date	end place, end due	to the cause(e) and m	enner as stated.	
COMPL	2 MEDICAL EXAMINER	: On the basie of examination	end/or investigation	on, in my opinion, d	eath occured at the	time, date and place, a	and due to the c	cause(e) and menner as stated.
l w l	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	GNED (Mohth, Day, Year)
TO B	MMIN My de	- MM			0062	.72	D 2/	12/93
-	30. NAME AND ADDRESS OF PERSON WHO				Dal+	M7	7	1
	Robert J. Lyden, M 31. DATE FILEO (Month, Day, Year) FFR 1 7 1993	32. REGISTRAR'S SIGN	ATURE RI	ng Road,	Daltlik	me, Maryl	ana 212	231
	FEB 1 7 1993	Julia Davido	- Randa	2				



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id in by the funeral director, page 5 should be or removal.

notified

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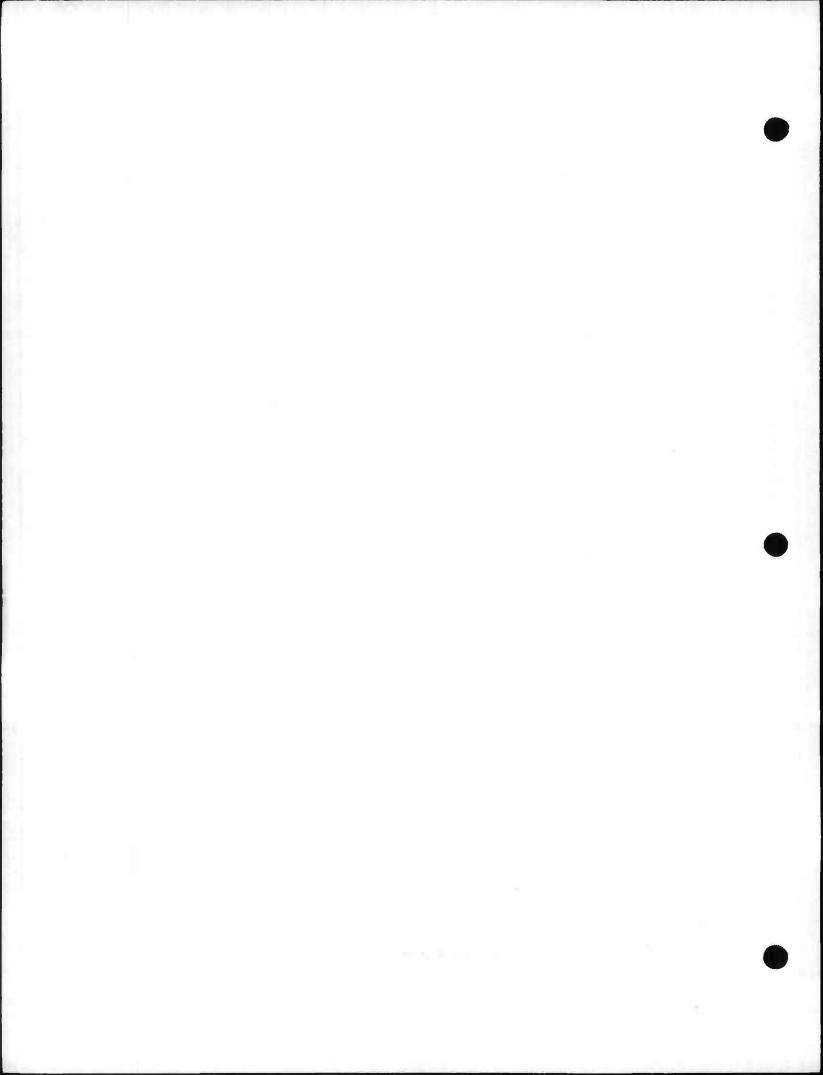
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ATTENDING PHISON	CTOR: And the senting	after death of the	28 Is marked, or
R ATTENDING PHOSIN	RECTOR: And the serving	rurs after death on the	em 28 ls marked, or
OR ATTENDING PHENN	DIRECTOR: And the same	hours after death on the	Item 28 Is marked, or
TAL OR ATTENDING PHILE	VAL DIRECTOR; And many	72 hours after death on the	If Item 28 Is marked, or
SPITAL OR ATTENDING PHEN	JERAL DIRECTOR: And managed	in 72 hours after death on the	IT: If Item 28 is marked, or
HOSPITAL OR ATTENDING PHESTICAL	UNERAL DIRECTOR: AND INC.	vithin 72 hours after ceam on the	ANT: If Item 28 Is marked, or
E HOSPITAL OR ATTENDING PHES	E FUNERAL DIRECTOR; ANA INC.	d within 72 hours after ceam on the	RTANT: If Item 28 Is marked, or
THE HOSPITAL OR ATTENDING PHOSPIN	THE FUNERAL DIRECTOR: AND INC.	filed within 72 hours after ceam at the	PORTANT: If Item 28 Is marked, or
TO THE HOSPITAL OR ATTENDING PHILOSOME IN THE Law requires that the death certificate be executed within 24 hours	THE FUNERAL DIRECTOR; AND INCOME.	be filed within 72 hours after common to the common pept, of Health and Mental Hygiene prior to burial, cremation, or rer	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi

93 03688 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR A. FLORENCE CHODAK GERBER FEB. 12, 1993 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 214-40-4069 1 M 2 X F 85 MAY 11,1907 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH SINAI HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1190 W. NORTHERN PKWY, APT. 614 21210 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TES 2 X 10 Specify: BY 3 Widowed 4 Divorced WHITE ETED. 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL TEACHER EDUCATION 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) To (UNKNOWN) FLEISCHER UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR BARRY CHODAK FOX FIELD CT. REISTERSTOWN, MD 21136 pe 20a METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Rer
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must OHEB SHALOM MEMORIAL PARK 2+14-93 REISTERSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Between IMMEDIATE CAUSE (Final Onset and Death of aorta disease or condition resulting in death) aneur ssecting DUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 - Nurs se 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date end place, and due to like cause(s) end manner as stated. 2 Ja MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) D063 2 -12-93

31. DATE FILED (Month, Day, Year)
FEB 1 7 1993 32. REGISTRAR'S SIGNATURE ha Tavidon

30. NAME AND ADDRESS OF PERSON WHO COMPLÉTED CAUSE OF DEATH (ITEM 27) (Type, Print)





BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
PUMPION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL CONTROL OF TOUR PHYSICIAN: The law requires that the death certificate be executed within 24 if	TO THE FUNERAL COMMENT IN COMMENT IN SECULIFICATE has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEF	RTIFICA	TE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,						2. DATE OF			3. TIME OF OEATH
Amelia		H	arri	5		MONTH	12	93	10:050 W
4. SOCIAL SECURITY NUMBER 317-24-3736	5. SEX 6.	AGE (In yrs. lest bi	irthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH		HPLACE (State or Foreign try) MD
9e. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF D			COUNTY OF I	
MERCY HOSPITAL BALTIMORE									
MERCY HOSPITA RESIDENCE OF DECEMENT 10a. STATE 10b. COUN	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. 9								
			BAL	TIMO	RE				LIMITS?
10e. STREET AND NUMBER					H. ZIP CODE		10g.	WHAT COUNTRY?	
1017 BRENTWOO	D AVENUE				21202			U.S	. A .
10e. STREET AND NUMBER  1017 BRENTWOO  11. MARITAL STATUS  1 Never Married 2 Married  1 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 INO	D	If yes, s	CENDENT OF NISPA pecify Cuben, Mexico S 2 NO Specific	an, Puerto Rici		Spec	
	UCATION	18e DECE	DENT'S USUA	I OCCUPAT	ION	16P KI	ND OF BUSINESS		BLACK
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)  7 th  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	(Give	kind of work do NOT use retin	one during m ed.)		190. (1	NO OF BUSINESS	SINDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			ACAMILEMENT	AKFR	18. MOTNER'S NA	ME (First, Mide	de, Meiden Surnar	ne)	
					MAGGI	E OUE	FN		
19e. INFORMANT'S NAME (Type/Print)		19b. A	AAILING ADDI	RESS (Street	and Number or Rural			a, Zip Code)	
SHIRLEY TAYL	OR								, MD 2123
20e. METHOD OF DISPOSITION  1	noval from State	20b. PLACE AND cemetery, crema	DATE OF DIS	POSITION (A	lame of	DATE	20c. LOCATIO	N — City or Ti	own, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	BALTI	MOKE	22. NAME A	ND ADDRESS OF FA	VCILITY	BALT	IMORE	MD
- Vanessi	(Dig	/		WM.C	.MARCH	F.H.,	/1101	E. NO	RTH AVE.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  ### Consequence of injury that initiated events  Due to (or as a consequence of):								
PART II. Other algorificant condition	dns contributing to dec	eth but not res	uiting in the	underlyli	ng cause given in	Part I. 24	a. WAS AN AUTO		D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN						1	YES 2 N		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	/Outpatient 3 🗆		HER:	ne 5 🗆 Residence		nec#d		
27. MANNER OF DEATN  1 Natural 5 Pending Investigation	27. MANNER OF DEATN  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)						IBE NOW INJURY	OCCURED	
Accident   3   Suleide   8   Could not be determined   2   Accident   8   Could not be determined   2   MEDICAL EXAMINER: On the basis of examination englor investigation, in my opinion, death occurred at the time, dete and place, and due to the						mber or Rural	Route Number,		
29e. CERTIFIER (Check only one)  1 CERTIFYING PNY: 2 MEDICAL EXAMIN	BICIAN: To the bast of my								e) and manner as stated.
Lymord W	Cleams 77	Bogn	den	2	29c. LICENSE NU	MBER	29d.	DATE SIGNED	12493
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE C	OF DEATH (ITEM 2	7) (Type, Print)					1	1
31. DATE FILED (Month, Day, Year) FEB 1 7 1993	P REGISTRANS	SIGNATURE							

S.C

3. TIME OF DEATH

10d, INSIDE CITY LIMITS?

1 X XYES 2 NO

Interval Between

**Onset and Death** 

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AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

0350

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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VIVISION OF VITAL RECORDS, F	
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93 YEAR EBBIE HUDLEY, JR. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 248-68-3213 1XXM 2 □ F 51 -18 - 42attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should intal Hygiene prior to burial, cremation, or removal. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL COR. BALTIMORE CITY 10b. COUNTY 10c. CITY TOWN OR LOCATION MD BALTIMORE 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2408 E. LAFAYETTE AVENUE 21213 U.S.A. 24 hours after death, Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
 YES 2 X YO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9th DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at EBBIE HUDLEY, SR. BERNICE WILSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 5826 NORTHWOOD DR./BALTIMORE, MD 21212 MARLENE HUDLEY 9 20a, METHOD OF DISPOSITION

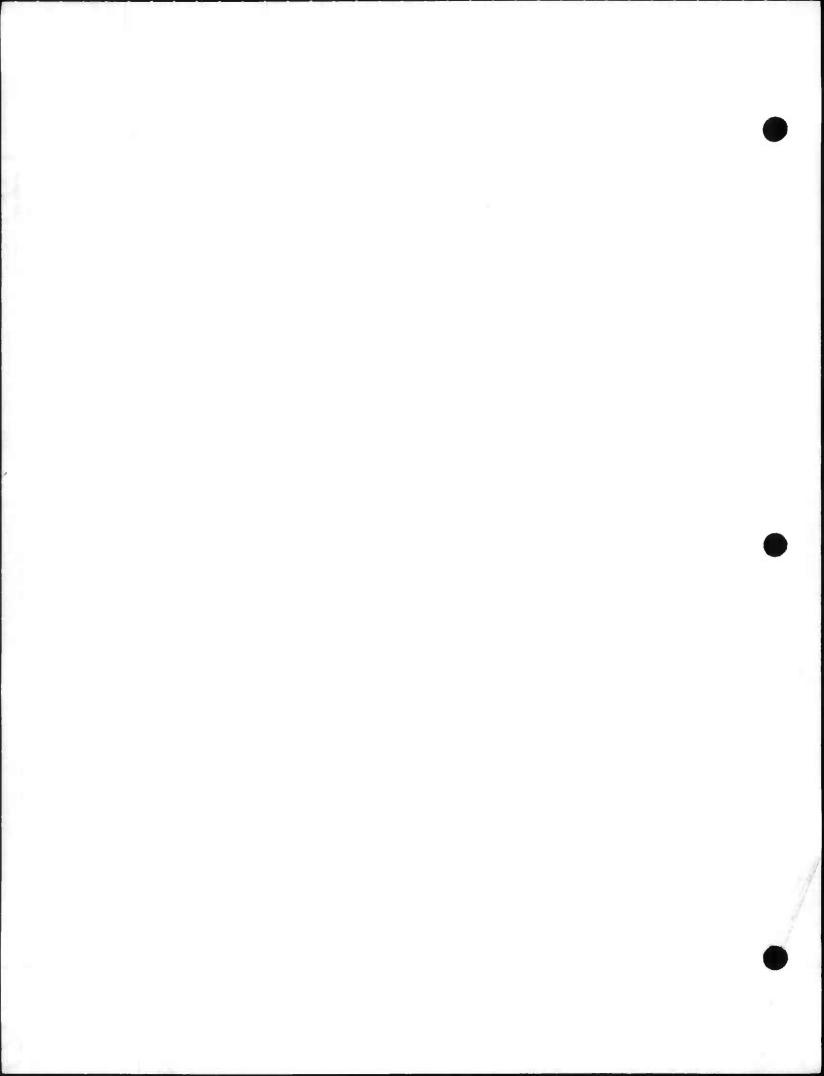
1 Surfal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) must KING MEMORIAL PARK RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUSDA WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line **IMMEDIATE CAUSE (Final** the HeraPic Faildare disease or condition resulting in death) executed within event, Souse traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 signed by the atter Health and Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Mehal Failure 1 TYES 2 NO GI Bleeding this certificate has been with the State Dept. of dilere Reginator PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO is marked, Natural 5 Pending Investigat 1 YES 2 NO DIRECTOR, After the hours after death w BY OR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED Item 28 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MERAL Thin 72 h MAT. 2 \_\_ MEDICAL EXAMINER: On the besta of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29h, SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) ( Daverudke 40356 DD-14-93 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print B 17 1993 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

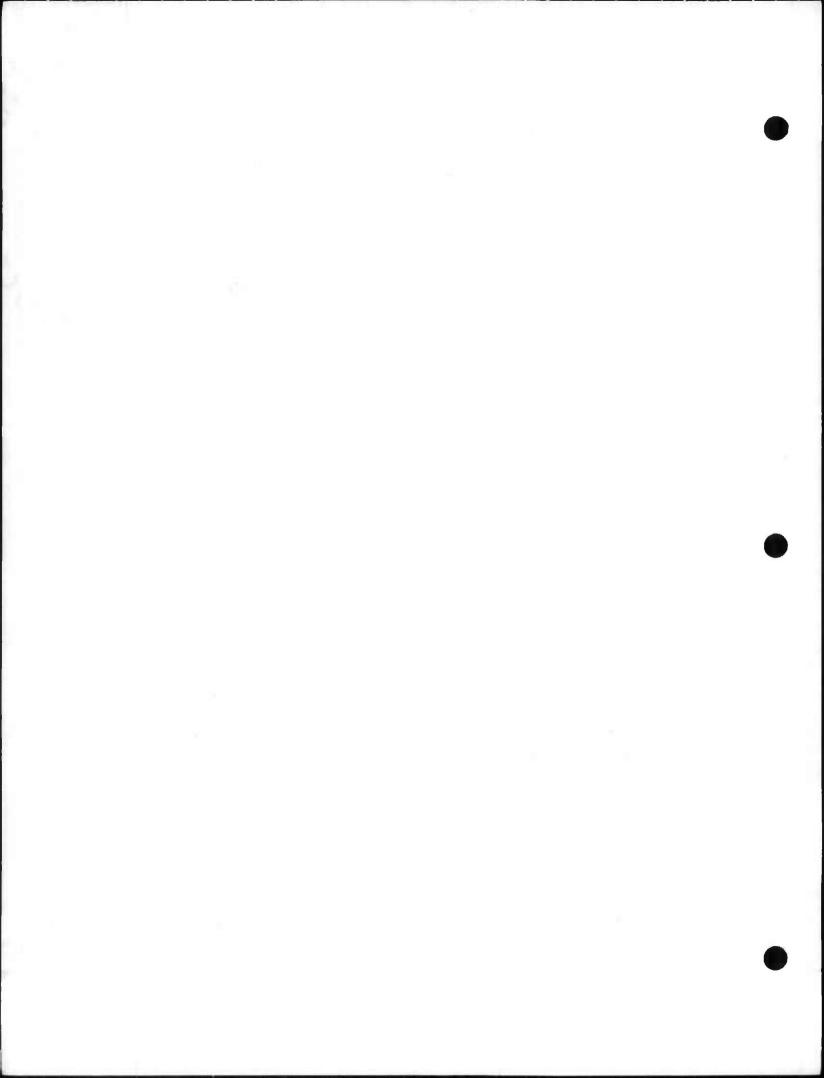
2. DATE OF DEATH

DHMH-16 Rev 1/89



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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYGIE				
201.00	1. DECEDENT'S NAME (First, Middle, Last ANNETTE VIRO					2. DATE OF DEATH MONTH	DAY 13	93	3. TIME OF DEATH  OB 20A	
	4. SOCIAL SECURITY NUMBER 218-12-6185	17 42 XF 68	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  JUNE 28,		BAL'	TIMORE, MD	
CTOR	90. FACILITY NAME (If not institution, give etreet end number)  90. COUNTY OF DEATH  UNIVERSITY HOSPITAL  BALTIMORE  RESIDENCE OF DECEMENT									
DIREC				BALTI	TION MORE		10d. INSIDE CITY LIMITS?  XXXes 2 □ NO			
FUNERAL	100. STREET AND NUMBER 500 NOTTINGHAM · F	100. STREET AND NUMBER 500 NOTTINGHAM : ROAD			21229	U.S.	IAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ARMED  13. WAS DECENDENT OF HISPAINC ORIGIN? (Specifly V If yee, specifly Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 MO Specifly:						
APLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12TH GRADE	DUCATION de completed) College (1-4 or 5+)	(Give kind of w	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) CHARLES H. SUDBR	поок		IDA SUD	AME (First, Middle, Maide BROOK TAYI	LOR				
101	190. INFORMANT'S NAME (Type/Print) TERESA CAGNE					RT-ELLICOT			21042	
	200. METHOD OF DISPOSITION   DATE   200. LOCATION - City or Town, State									
	23. PART I. Enter the diseases, on shock, or heart fallure immediate CAUSE (Finel disease or condition resulting in death)	a. OUE TO (OR AS	A CONSEQUENCE OF	):	ode of dying, suc	ch as cardiac or res	piratory arr	rest,	Approximate Interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  SEOSIS  DUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL C	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  >   Exploratory Lapare from   Yes 2   NO								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	NOSPITAL: 1 Nopetient 2 □ ER/Ou	tpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6  Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 X, Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 6 Could not b	28e, PLACE OF INJUR	IY — Al home, farm, st	treet, factory, offic	be	261. LOCATION (Street City or Town, State		or Rurel Ro	ute Number,	
COMPLET	one)	/SICIAN: To the best of my kno							end manner as stated,	
TO BE COM	29b. SIGNATURE AND THREE OF CERTIF	elelel	luse	MD	29c. LICENSE NU	DING-			Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W  L DAVID A  31. DATE FILED (Moritin, Day, 16ar)  LB 1 7 1993		NIV. OF		losp. 2.2	2. 5. 626	ene	ST.	BALT. MO.	
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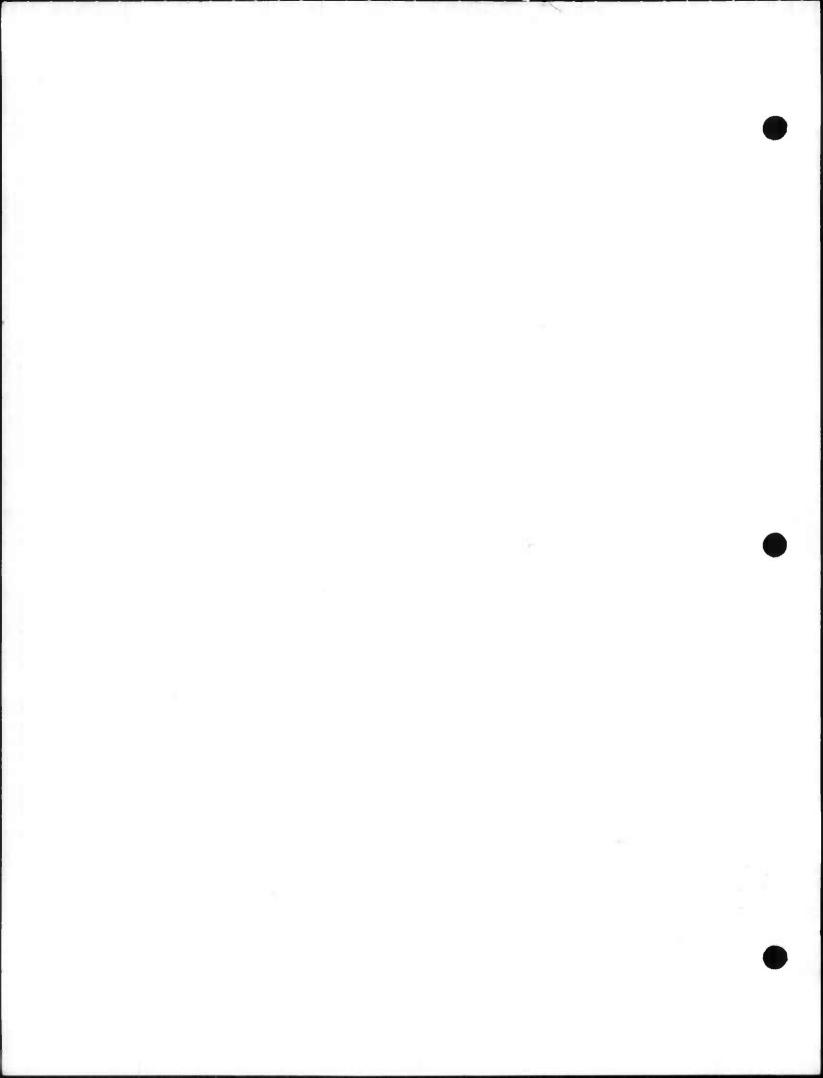
DIVISION OF VILAL HECOMUS, P.O. BOX b&/bu,

THE PACE INDOME, WARTLAND ZIZIS-UUZU

THE PACE INDOMES PRESIDENCE THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or learn 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR	YLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IEN
	C	ERTIFICATE		F DEAT	TH.		DEC	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIE		0	00074	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
-	RUTH E. HOOS					Feb.	12, 19	YEAR	M	
	4. SOCIAL SECURITY NUMBER 5	s. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign	
	217-26-9051  9e. FACILITY NAME (If not institution, give stree	21	Λ 07			JUNE 16,			RYLAND	
DIRECTOR	4457 NORFEN ROAD	and manually			BALTIMORE	EAIN	0.00	9c. COUNTY OF DEATH BALTIMORE		
EC	10a. STATE 10b. COUNTY		10c. CIT	r, TOWN OR L	OCATION				10d. INSIDE CITY	
MARYLAND BALTIMORE BALTIMORE									LIMITS?	
							EN OF W	HAT COUNTRY?		
The street and number 4457 NORFEN ROAD 100. STREET AND NUMBER 4457 NORFEN ROAD 21227  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Sp. 1) Newer Married 2 Married 100. STREET AND NUMBER 101. ZIP CODE 11. WAS DECEMBENT OF HISPANIC ORIGIN? (Sp. 1) New Processor of Transport Of Street, Publican, Publ									S.A.	
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	fes or No-	14. RACE	- American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			e, apecify Cuben, Mexic YES 2 NO Speci				White, etc. WHITE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co- Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of w life. Do NOT us	vork done durir	PATION ig most of working	16b. KIND OF E	JUSINESS/INDL	JSTRY		
립	8TH GRADE	* '	LIBRARI	AN		BALTIMO	RE CTT	TV SI	P TOOKS	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid		LI D	ЗПООЕБ	
BEO	RAYMOND GOETZ				ANNII	E SHANK				
	19a, INFORMANT'S NAME (Type/Print)		19b. MAJLINO	ADDRESS (S	reet and Number or Rural	Route Number, City or 1	own, State, Zip (	Code)		
임	PATRICIA GARNER		60	5 BURI	NING OAK C	OURT - WAI	DORF,	MD.	20601	
	20g METHOD OF DISPOSITION  1  Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ol from State 20b. P	PLACE AND DATE O		AL PARK	02/16	CVVECY			
	21. SIGNATURE OF PURBIAL SERVICE LICEN		KEVIEW		E AND ADDRESS OF F		SYKESV	TPPI	3	
	Just A.	Lugh		410	BARD FUNER WILKENS	AVENUE-BAT	TIMORI	Е. М	D. 21229	
Ĭ	23. PART I. Enter the diseeses, or con shock, or heart fallure. Lis	nplications that caused !	the death. Do n	ot enter the	mode of dying, sue	ch es cardiac or res	piratory srre	est,	Approximate	
	BANCOLATE CALLOS (EL)			. 4					Interval Between Onset and Death	
	resulting in death) s.	DUE TOTOR AS A C	CONSEQUENCE OF	(incl	TROVOS		7		-	
z	and opposite the Fig.	Arterios	levot	2 C	ur floran	July D	islasi			
CERTIFICATION	if sny, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	):						
2	CAUSE (Disesse or injury	DHS TO (OD 40 4 4	-							
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):						
B	d									
A	PART II. Other significant conditions	contributing to death but	not resulting i	n the under	fylng cause given in		AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC						1 YES			COMPLETION OF CAUSE OF DEATH?	
¥									1   YES 2   NO	
ä										
ᅙ		IOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)				
ΥS		☐ Inpatient 2 ☐ ER/Output		4 - Nursing		6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI INJ	URY	WORK?	28d. DESCRIBE HOV	V INJURY OCCI	URED		
à	2 Accident Investigation	280 DI ACE OF IN HIDY	Albana for a		YES 2 NO					
3 Suicide 4 Homicide 5 Could not be determined 29a. CERTIFIER (Check only one) 29a. CERTIFIER								oute Number,		
Z	29a. CERTIFIER (Check only	W: To the best of my knowled	ige, death occurre	d at the time,	date and place, and du	to the cause(s) and n	nanner as state	d.		
ĕ ∥		On the baels of examination a							and manner as stated.	
U U	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED	(Month, Day, Year)	
0 8	Wall >				726	203	1 2	13	93	
f	30. NAME AND ADDRESS OF PERSON WHO C				1,,,,,,				,	
1	// DR. JORGE VALLE	CILLO - 4000		LIS RO	AD - BALT	IMORE, MD.	21227	7		
	314 DATE FILED (Mooth, Day, Year) 17 1993	32. REGISTRAR'S SIGNAT								



use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for once. Ħ notified pe must medical examiner the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. the event, traumatic or other Injury, I Health and N this certificate has been signed by with the State Dept. of Health and rked, or Item 23 shows any marked, L DIRECTOR: After the bours after death w TO THE FUNERAL DO THE MAN TO THE MAN TO THE MAN THE MA

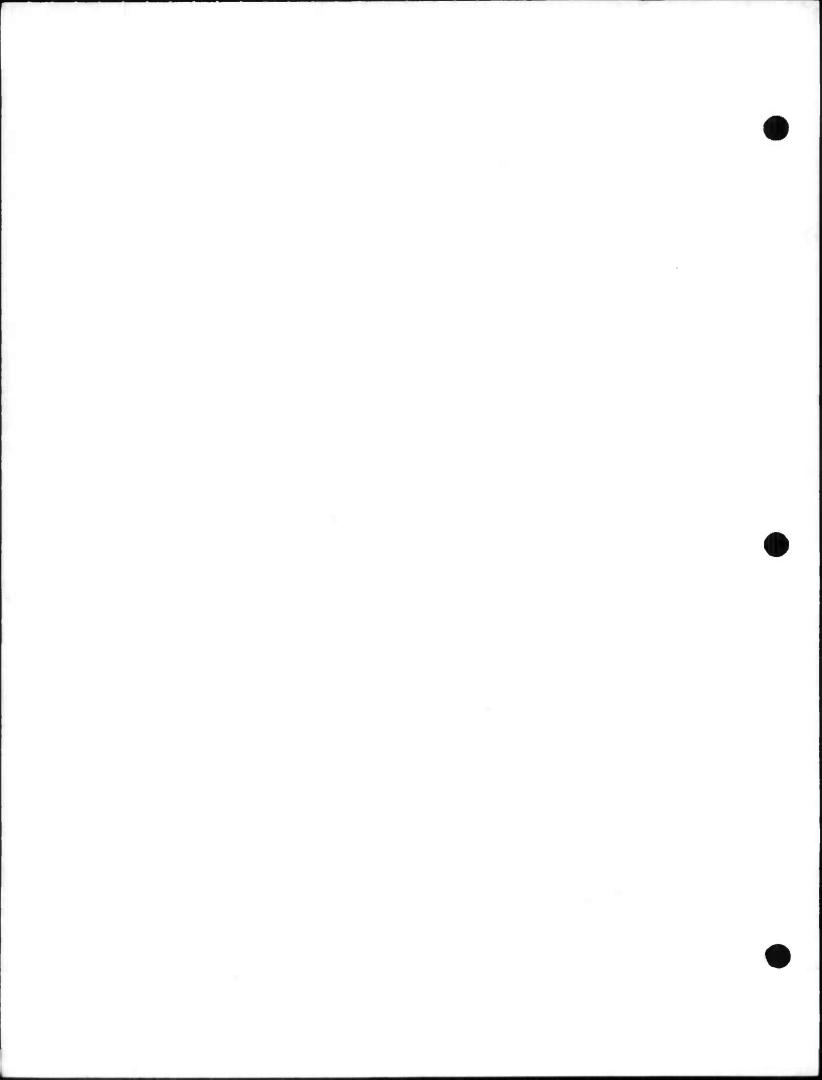
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Marie 2-15-93 C. M. HEISER P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 06/30/189 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 213 01 0507 1 M 2 - F YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH FUNERAL DIRECTOR Franklin Square Hospital Center Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Middle River Baltimore 1 - YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 134 Riverthorne Road 21220 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra ntary/Secondary (0-12) College (1-4 or 5+) Floor Supervisor Crown. Cork & Seal 17. FATHER'S NAME (First Miricile Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Botzon 8 Caroline Lange 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles J. Heiser 34 Riverthorne Road Middle River Maryland 21220 20a. METHOD OF DISPOSITION

1 Burial 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE cremetory or other place) 4 Domation 5 Other (Specify) 02/19/93 Baltimore Maryland URE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Baltimore Maryland 21221 23. FART 1) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feiture. List only one cause on each line. interval Batwee **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 YNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 TES 2 NO fipatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident PLACE OF INJURY — At home, building, atc. (Specify) street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number COMPLETED 6 Could not be 14 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end man MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATUME AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Physic ian 60 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jo 550 KL 16m1701 mis 32. REGISTRAR'S SIGNATURE

The twentering of the control of the

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Lest) MARY		HUNT		2. DATE OF DEATH	DAY 1954	3. TIME OF DEATH 3:30 A
	4. SOCIAL SECURITY NUMBER 333	5. SEX 6. AGE (In yrs.	lest birthday) IF UNDER  YRS. MONTHS	T 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	a. Bir	ATNPLACE (State or Foreignerly)
TOR	9a. FACTORY VAME (If not inetitution give	street and number)	96. OTT	or Location of Color	Pley	9c. COUNTY OF	Janey
DIRECTOR	10e. STATE 10b. COUNT	nontonen	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
-	100. STREET AND NUMBER	show Red	7300	10f. ZIP CODE	4 1899	10g. CITIZEN O	I □ YES 2 CHO
BY FUNERAL	11. MADITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ŬÑO	WAS DECENDENT OF AISPA If yes, specify Cubph, Mexic 1 YES 2 40 Specify	an, Puerlo Rican, etc.)	/se or No — 14. R/ BI Sp	ACE — American Indian, ack, White, etc.
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary Becondary (Ur2)	JCATION 16a. College (1-4 or 5+)	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF B	USINESS/INDUSTRY	water
COMPL	17. FATHER'S NAME (First, Middle, List)	rhan	1000	18. MOTNER'S	ME (First, Middle, Melde	on Surname)	. 1
TO BE	ANT'S NAME (Type/Print)	Center-Adm	19b. MAILING ADDRESS	6-(Street and Number or Rural	Route Number, City or R	WIT, SHARE BU COOK!	0. 2080
	20e. METHOD OF DISPOSITION 1 Buriel 2 P Cremation 3 Ren		CE AND DATE OF DISPOS	SITION (Name of	111	OCATION - CHI	Town, State
	4 Donation S Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	11/16	22.	NAME AND ADDRESS OF FA	MILITURE	dous al	beyond
	23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CENERAL OUE TO (OR AS A CONS	PINAY SEQUENCE OF):	the mode of dying, aud	ch as cerdiec or res	piratory arrest,	Approximata Interval Batw Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. MLC ROCS!  OUE TO (OR AS A CONS  DUE TO (OR AS A CONS	MAD CY SEQUENCE OF):				
EDICAL CE	PART II. Other algnificent condition	na contributing to daeth but no	t resulting in the un	derlying causa given in		DRMED?	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
Σ							OF DEATH? 1 VES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 1 Inputient 2 ER/Outputient	OTHER				
- 10	27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	26e. PLACE OF INJURY — At building, etc. (Specify)	home, tarm, street, fact		26t. LOCATION (Street City or Town, State	t end Number or Rure a)	il Route Number,
COMPLETE		ICIAN: To the best of my knowledge,					e(e) end manner ee stated
BE C	296 SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU		_	EO (Month, Day, Year)
TO B	progente mey	nell		OCM	4E	▶2	9 1993
				treet, Ba	ltimore.	Maryla	nd 21201
	31. DATE FILED (Month, Day, Year) FEB 1 7 1993	III DISTRAR'S SIGNATURE			•		
	1 L L 1333	- Louis done - Marion	and a				



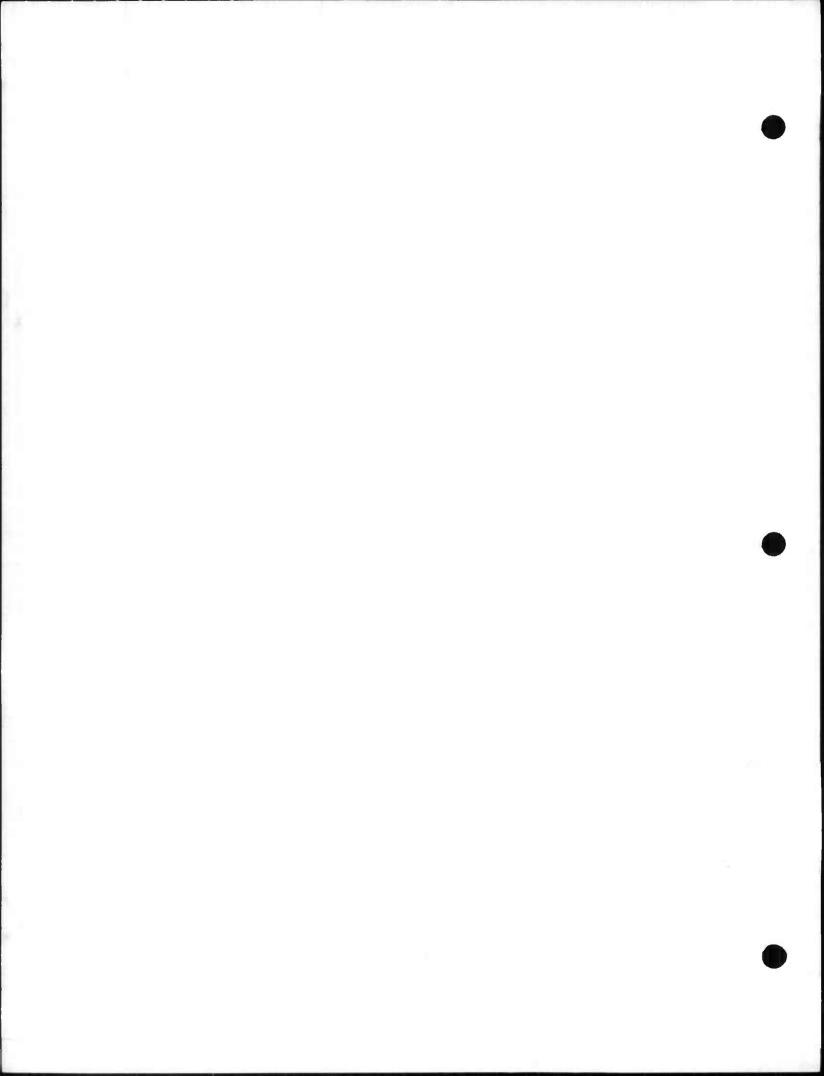
DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettiled at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

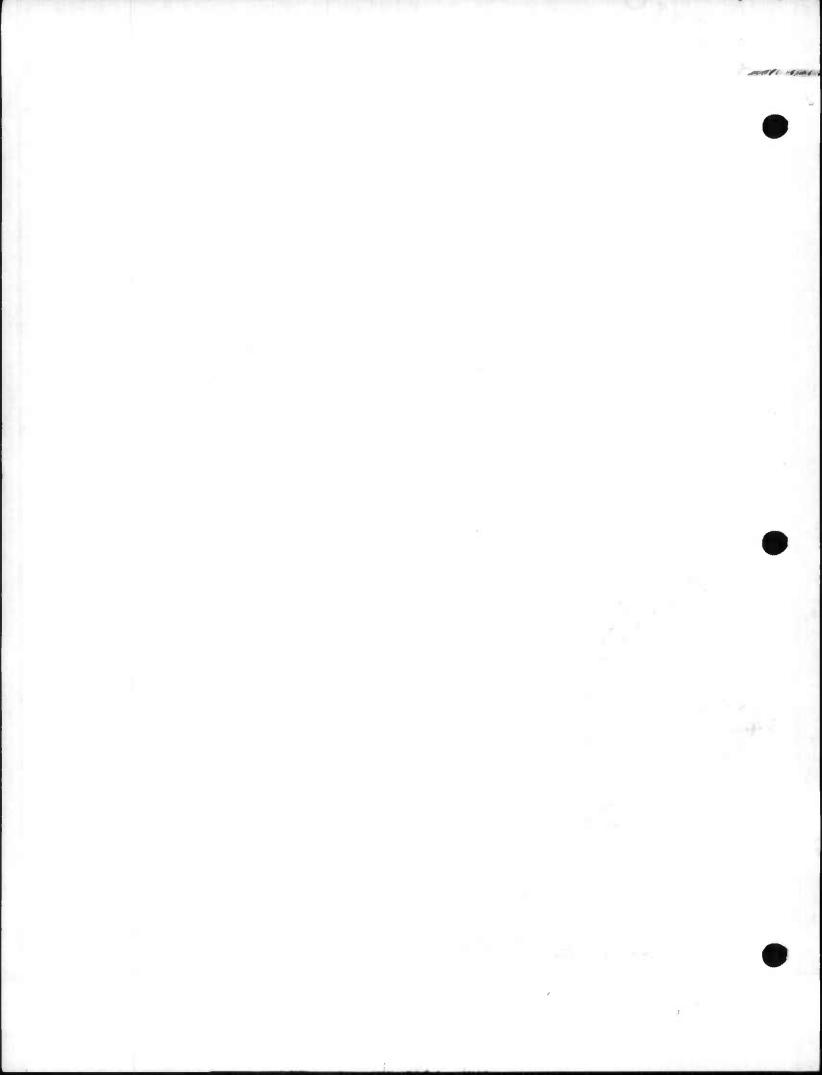
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAI	L HYGIEN	E		
ij	1. DECEDENT'S NAME (First, Middle, Last (Monsignor)		EALY			2. DATE MONTI	OF DEATH		EAR T	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 X M 2 □ F	82 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH b, Day, Year) 18-191		Country)	LACE (State or Foreign
101	9a. FACILITY NAME (If not institution, give  SALUT SOSEP  RESIDENCE OF DECEDENT			•	NSON	EATH		9c. COUNTY	OF DE	
	Maryland Bal	7.0	WN OR LOCAT	ION				- 1	10d. INSIDE CITY LIMITS? 1 YES 2 THO	
	100. STREET AND NUMBER Stel 2300 Dulaney Val			. ZIP COD€ 21204			15	U.S	A .	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES GIVE WITH OR DO	2 NO	If yes, sp	ENDENT OF HISPAI Icity Cuben, Mexica 2 NO Specif	en, Puerto I	f? (Specify Yes Rican, etc.)	or No.— 14.	RACE Black, Specify	- American Indian, White, etc. White
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 Years	UCATION de completed)  4 College (1-4 or 5+) 4 Years	16a. DECEDENT'S USU. (Give kind of work of Me. Do NOT use reta Priest	tone during mo	ON st of working	1	KIND OF BUS	and the sea		altimore
	17. FATHER'S NAME (First, Middle, Last)  Joseph T. Healy	4 years	Tilest		18. MOTHER'S NA	ME (First, A	Middle, Maiden		т в	altimore
Joseph T. Healy  Mary R. Fassett  19a. INFORMANT'S NAME (Type/Print)  A. Freeborn Brown  Mary R. Fassett  19b. MAILING ADDRESS (Street and Number of Flural Flowing Mumber, City or Yown, State, Zip Code)  114 Glenwood Road, Bel Air, Maryland 21014							1014			
	200. BEACE AND DATE OF DISPOSITION   DATE   200. LOCATION — City or Town, State   Depthors   Date								rn, State	
	21. Sandature of Funeralisaemyte L	DKyKles	d_	Mitc	nd ADDRESS OF FA hell-Wie York Ro	defe	ld Home	e		
	23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Matant	ach line.	nter the mo	Nama	h as card	flac or respi	line		Approximate Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	CONSEQUENCE OF):				0		1	
	resulting in death) LAST	d								
	PART II. Other significant condition	ns contributing to death b	ut not resulting in th	e underlying	cause given in	Part I.	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
i	25. WAS CASE REFERRED TO MEDICAL					-				YES 2 NO
	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH  1 1 Netural 5 Pending 2 Accident Investigation	28s. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK7 'ES 2 NO	28d. DES	CRIBE HOW II	JURY OCCUR	ED	
)	3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office  4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office  City or lown, State)							ute Number,		
		SICIAN: To the best of my knowl IER: On the basis of examination							nuse(s)	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	ER II			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (	Month. Day, Year)
	30. NAME AND APPRESS OF PERSON W	HD COMPLETED CAUSE OF THE	A.D		D 91	410	)	9-	19	-93
	57 Jagely	Hashital.		,						
	31. DATE ELLED (Month, Day, Year)   FEB 1 7 1993	32. REGISTRAR'S SIGN								

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND DEATH	MENTAL HYGIENE REG. NO.		
)	Ö	1. DECEDENT'S NAME (First, Middle, Las	JOHN JOSEPH HA	TAY.			2. DATE OF DEATH	5 00	3. TIME OF DEATH
Pjn		4. SOCIAL SECURITY NUMBER 2150145.70	1)√√ M 2 □ F	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 12-7-19	Cou	Maryland
. 2. 3 should	TOR	9a. FACILITY NAME (If not institution, gived a samaritan residence of decement		EATH	9c. COUNTY OF	N/A			
physician. burlai-transit permit. Pages 1.	DIRECTOR	Maryland 10b. coul	Baltimroe	200	y, town on Loca altimore	10d, INSIDE CITY LIMITS? 1 YES 2 XXNO			
n. ansit perm	FUNERAL	237 Starmore Road		101. ZIP CODE 21212				10g. CITIZEN OF	WHAT COUNTRY?
ding physicial the burial-tra	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? VYYES IF YES, GIVE WAR OR D.	2 NO ATES	If yes, sp	CENDENT OF HISPAL ectify Cuben, Mexico (2) NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No- 14. RA	CE — American Indian, ack, white, etc. ec/ly: White
al or attendi	LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON ost of working	16b. KIND OF BUSI	INESS/INDUSTRY	
be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	<u>5+</u>	Educat	tor	18. MOTHER'S NA	ME (First, Middle, Meiden S		ard of Ed
retained by 5 should be notified at	TO BE	Michael J. Hart  190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		A McAuliffe  Route Number, City or Town,	, Stefe, Zip Code)	
may be re c. page 5 st be no	F	Kathleen Smith Har	200	PLACE AND DATE	OF DISPOSITION (NE		OATE 20c. LOC	1212 CATION — City or	Town, State
death. Page 6 may funeral director, p	8	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	netery cremetory or o		ND ADDRESS OF FA		son, Mary iedefeld I	
hours after of in by the or removal.		23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final		d the death. Do i	not enter the mo	de of dying, suc	altimore Maryl h as cardiac or respin	land 21212	
within in pletely cremati		disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	ALU MUJO	pary	15000		+ yers
executor and to bur	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	A CONSEDUENCE O	F):				
th certificate anding phys Hygiene p or other	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A	A CONSEDUENCE OF	F):				
# 65 m	CAL C	PART II. Other aignificant conditi	ons contributing to death b	out not resulting	in the underlyin	g cause given in	PERFORM	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
nequires een sign of Heal shows	N: MEDIC	VMYILLIA	tachy arr		15	numia	1 D YES 27	KI NO	OF DEATH? 1 VES 2 NO
State 1	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 DOA	26. PI OTHER:	LACE OF DEATH (Ch	eck only one)  6  Other (Specify)		
	ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. OESCRIBE HOW IN	JURY OCCUREO	
OR ATTENDING DIRECTOR: After hours after death them 28 is ma	ETED B	3 Suicide 6 Could not b	28s. PLACE OF INJURY	/ — At home, farm, : cify)	street, factory, offic	•	281. LOCATION (Street an City or Town, State)	nd Number or Flura	al Route Number,
7 70 =	COMPLE		SICIAN: To the best of my know NER: On the basis of examination						e(s) and manner as stated.
To the hospital. To the functal. De fied within 72 important. If	TO BE	296. SIGNATURE AND TITLE OF CERTIF	House	sunt		29c. LICENSE NUI	MBER	≥ DATE SIGN	EO (Morth, Day, Year)
	1	THA MARIE	VHD COMPLETED CAUSE OF DE	TUN (ITEM 27) (Type	Print) GW/	9 Sam	er itan	Hospin	5
		31. DATE FILED (Month, Day, Year) FEB 17 1993	32. REGISTRAR'S SIGN					3	



٠	FOR STATE REGISTRAR	STATE O	F MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH
C	ECEDENT'S NAME (First, Middle, Last)		
	TDENE		IIIIDDG

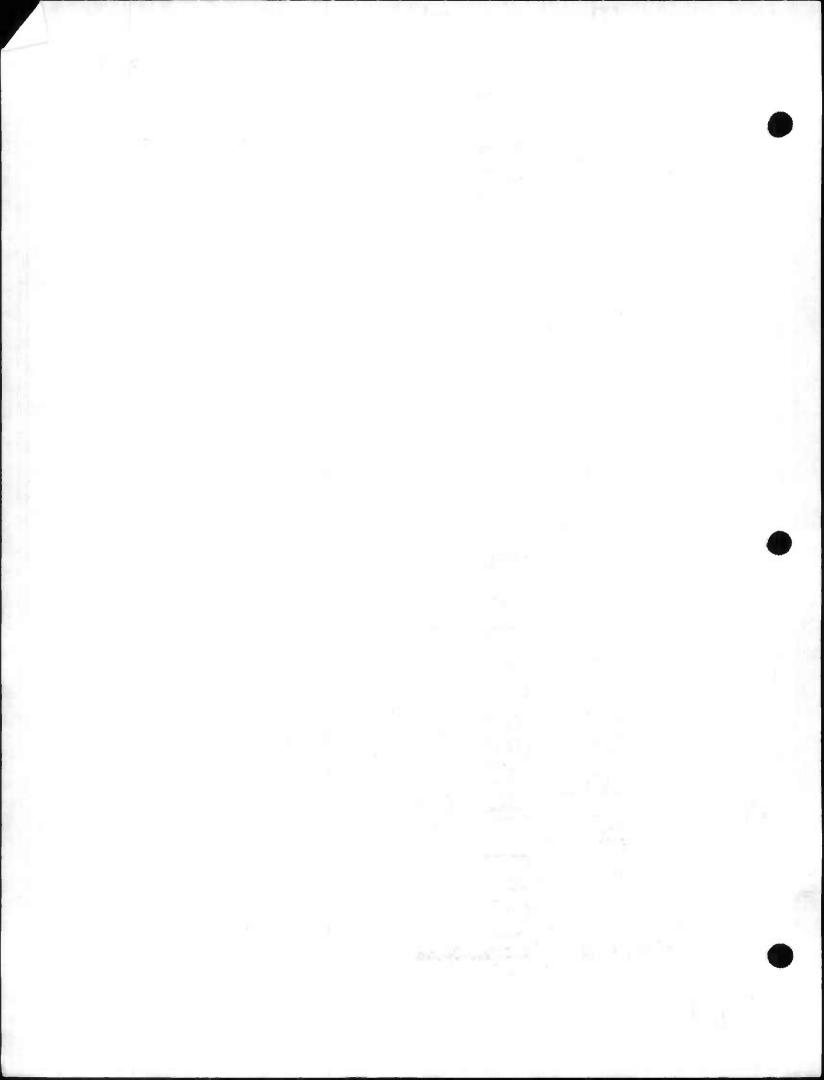
	1 - STATE REGISTRAR					OF DEA		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  DR. IRENE C		Н	YPPS				MONTH DAY VEAD			10:00 P	
	4. SOCIAL SECURITY NUMBER 579-60-5074	5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR IF UND	MIN.	7. DATE OF BIRTH (Morith, Day, Year) 8/8/1	898	Country)	e. Ala.	
TOR	9a. FACILITY NAME (If not institution, give street and number)  1220 East—West Highway  9b. CITY, TOWN OR LOCATION OF DEATH  Silver Spring  Montgomery											
COMPLETED BY FUNERAL DIRECTOR	Md Montgomery Silver Spring								10d. INSIDE CITY LIMITS? 1 MYES 2 N			
	100. STREET AND NUMBER 1220 East -West	101, ZIP CODE 2091(					)	10g. CITI		AT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. ARMED    YES 2 NO					an, Puerto Rican, etc.)			- American Indian, White, etc.		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 Yrs  12 Yrs+  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Asst School Superitendent (DC Schools)											
BE CON	17. FATHER'S NAME (First, Middle, Lest) William A Car		7-	18. MOTHER'S NAME (First, Middle, Maldon Surname) Rosa Sheppard								
5	196. INFORMANT'S NAME (Type/Print) Rita Davenport  196. MAILING ADDRESS (Street and Murpher of Faural Gougle Number, City or Tang Store (Tipopole)  6101 16th St NW, Washington, DC 20011											
9	20e. METHOD OF BISPOSITION 1 Grant Buriel 2 Grantion 3 Grant 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE A cemetery, cremetery.			on/Name of	tery	3/06/93		City or Town	d, Md.	
10	21. SIGNATURE OF FUNERAL SERVICE L	Sm (	21			ME AND ADDR	ESS OF FA	ohn T Rhir th St NE,			nc.	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	STIVE HE (OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	UENCE OF)	:	re						
BY PHYSICIAN: MEDICAL CER	Renal	Other significent conditions contributing to death but not resulting in the underlying cause give  Renal Insufficiency  Pancreatic Insufficiency						Part I. 24a. WAS AMPERFO	RMED?	6	VERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one)									
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 Inpatient 2 (Month, D	ER/Outpatient 3 INJURY ay, Year)		OF 2	g Home 5 1 1 Bc. INJURY AT WORK? 1 YES 2		8 Other (Specify)  28d. DE\$CRIBE HOW	HOW INJURY OCCURED			
0	3 Sulcide 8 Could not be 4 Homicide determined	26a. PLACE C building,	26s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ite Number,		
$\vdash$	29a. CERTIFIER (Check only one)  2 MEDICAS EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated.  MEDICAS EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated.											
COMPLETE	one) 2 MEDICAN EXAMIN	ER: On the bests of e	xamination and/or is	rvestigation		,			NO 008 10 (11	e cause(s) :	and menner as state	
BE COMPLET	one) 2 MEDICAN EXAMIN 29b. SIGNATURE AND TITLE OF STREET	ER: On the bests of e	5 MD			29c. Lie	1563		29d. DAT		Nonth, Day, Year)	
E COMPLET	200. SIGNATURE AND TITLE OF CENTER  30. NAME AND ADDRESS OF PERSON W	FR HOLD HO COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type, I		29c. LIC D3	1563		29d. DAT	2/12/9	Aonth, Day, Year)	



FOR STATE REGISTRAR	STATE OF MARYLAND	MENTAL HYGIENE REG. NO.		
BURTON	HURWITZ	(BURTON	HURWITZ)	2. DATE OF DEATH DAY

BUR	Middle, Last)	HURWIT	Z	(BU	RTON	HU	RWITZ	) l	2. DATE OF E	DAY 12	93 YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	R	5. SEX 6. AG	E (In yrs. les		IF UNDER	1 YEAR	IF UNDER :	24 HRS.	7. DATE OF B	IRTH	8. BIR	THPLACE (State or Foreign		
174 - 18 - 02.		1 X M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	1-8-			PA PA		
LEVINDA	9a. FACILITY NAME (If not institution, give street and number)  LEVINDALE  9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE									DEATH				
10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CI LIMITS? 1 YES 2 [				
100. STREET AND NUMBER 6504-B PARK	504-B PARK HEIGHTS AVE.					10f. ZIP CODE 21215					10g. CITIZEN OF WHAT COUNTRY? USA			
	1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. AR FORCES? VIX YES 2 IF YES, GIVE MAT OR DATES  WILL ARMY			MED 10	IED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  Specify:						American Indian, ack, White atc.  WHITE			
(Specify only Elementary/Secondary (0-1	DENT'S EDUC highest grade ( 12)		/G	DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)			ng most of working			k KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Mid	irlio ( nat)			_	S	ALES	7	ED'S NAM	IE (First, Middle	a Maidan Sum		1.11		
II. I AITHEN & WARE (1934, And		SEPH HUR	WITZ				Io. MOTH		ANNY	TOOF				
				9b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 1221 EDWARDS RD., CINCINNATI, OH 45208										
	20e. METHOD OF DISPOSITION  1 St Burlel 2 Cremation 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  GARRISON FOREST VET. CEM. 2+12-93 OWINGS MILLS													
21. SIGNATURE OF FUNERAL	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., I 6010 REISTERSTOWN RD., BALTO., MD 21215													
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!	lieta IG	DUE TO (OR A												
CAUSE (Disease or injur thet initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significan	RT II. Other <u>significant</u> conditions contributing to death but not			resulting in the underlying cause given in Part I.					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	-		-6						_			1 YES 2 NO		
25. WAS CASE REFERRED TO	MEDICAL			HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   OTHER: 4   Nursing Home 6   Residence 6   Other (Specify)										
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	Outpatient :	DOA	4 A Nu	rsing Ho	na 6 🗆 Ra	aldanca	6 ☐ Other (Sp	secry)				
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F	Pending nvestigation		RY	28b. TII	4 Nu	28c. IN W	JURY AT DRK? YES 2			_	RY OCCURED			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 3 Suicide 6 C	Pending	1  Inpetient 2 ER/C	RY Ir) JRY — At h	28b. TII	4 ANU ME OF JURY M	28c. IN W	JURY AT DRK? YES 2		28d. DESCRI	BE HOW INJU		af Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 3 Suicide 6 C 4 Homicide  29a. CERTIFIER (Check only)	Pending nvestigation Could not be letermined	1   Inpetiant 2   ER/C 288. DATE OF INJU (Month, Day, Yes 288. PLACE OF INJ building, etc. (3	JRY — At h	28b, Til IN ome, farm,	4 Number of Numb	28c. IN W 1 story, offi	JURY AT DRK? YES 2 Ce	NO and due	281. LOCATIO City or To	DN (Street and own, State)	Number or Rur	al Route Number, se(a) and manner as stated.		
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDIN	Pending myestigetion Could not be letermined	1   Inpetiant 2   ER/C 28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJU building, etc. (3) CIAN: To the best of my ki R: On the basis of axamin	JRY — At he Specify) nowledge, detion and/or	28b. Till	4 Nu ME OF JURY M street, fac	28c. IN W 1	JURY AT DRK? YES 2 Common and place, death occur	NO NO	281. LOCATIO City or R	DN (Street and wn, State) a) and menner	Number or Rur as stated, us to the caus	ve(a) and manner as stated IED (Month, Day, Year)		
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 6 C 4 Homicide 6 C Check only one) 2 MEDIU	Pending myestigetion Could not be letermined	28a. DATE OF INJU (Month, Day, Yet 28a. PLACE OF INJU 28a. PLACE OF INJU 28a. PLACE OF INJU Duilding, etc. (3)  CIAN: To the best of my ki R: On the basis of examination COMPLETED CAUSE OF	JRY — At hispecity)  nowledge, diation and/or  PH  DEATH (ITE	28b, Till IN Dome, farm, seeth occurr investiget	4 KNu ME OF JURY M street, factor, fac	28c. IN W 1	JURY AT ORK? YES 2 Coe a and place, deeth occur 29c. LICE	and due ed at the ense NUM	281. DESCRII 281. LOCATIO City or R to the cause(s) tilme, date and	BE HOW INJU DN (Street and wm, State) a) and menner b) piece, and de	Number or Rur  as stated.  us to the cause  Ad. DATE SIGN  2	e(a) and manner as stated		





FOR	CTATE OF MADVI	AND / DEDARTM	ENT OF HEALTH AND	MENTAL UVCIEN	, -	3-0369
1 - STATE REGISTRAR	SINIE UF MANTLA		TE OF DEATH	REG. NO	E	
1. DECEDENT'S NAME (First, Mid	idle, Last)		20,000	2. DATE OF DEATH		3. TIME OF DEATH
GILAND	Hozman	n) (GUSSI	E HAZMAN )	MONTH 2	5 93	9:D8 A "
4. SOCIAL SECURITY NUMBER	7/		INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BOTH	-10 8.8	HITTNPLACE (State or Foreign
90. FACILITY NAME (If not institu LEVINDALE	tion, give street and number)	96.	CITY, TOWH OR LOCATION OF D	PEATN	9c. COUNTY	OF DEATN
RESIDENCE OF DECED	DENT					
	b. COUNTY		WN OR LOCATION TIMORE			10d, INSIDE CITY LIMITS? 1 VYES 2 NO
		1	10f, ZIP CODE			OF WHAT COUNTRY?
100. STREET AND NUMBER  2434 W. BEI  11. MARITAL STATUS	LVEDERE AVE.		2121	5	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF NISPA		or No- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DA	NIES NO	1 TES 2 NO Speci			Specify: WHITE
15. DECEDE (Specify only hig	ENT'S EDUCATION gheat grade completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BU	SINESS/INDUST	RY
15. DECEDE (Specify only high Elementary/Secondary (0-12) 1.2 17. FATNER'S NAME (First, Middle)	College (1-4 or 5+)	SECRETA		CITY OF		ORE
17. FATNER'S NAME (First, Middle	e, Lost)	SECRETA		DEPT . OF  AME (First, Middle, Malden		
ABRAHAM OBE	ERMAN		SOI	PHIE OBERMA	AN_	
19a, INFORMANT'S NAME (Type/	(Print)	19b. MAILING AO	DRESS (Street and Number or Rural	Floute Number, City or Tox	n, State, Zip Cod	le)
MRS LARAINE		28	17-E. DAMASCUS			
20a. METNOD OF DISPOSITION  1 Burlai 2 Cremation	3 Removal from State 20b	PLACE AND DATE OF cemetary, crematory or o	ther place)		CATION — City	
4 ☐ Donation 6 ☐ Other (Sp. 21, SIGNATURE OF FUNERAL SI		OHEL	YAKOV 22, NAME AND ADDRESS OF F	2-12-93 BAI	TIMORE	, MD
C. I DO O	NO LA O DA LA O O	0.15		VINSON & BE	ROS., IN	C.
4000	NAME BERGIN	MAN	6010 REISTE			
IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	0				Interval Batween Onset and Death
PART II. Other algnificant  VIOUS  IN IN IN IN IN IN IN IN IN IN IN IN IN I	conditions contributing to death b	ut not resulting in t	ne underlying cause given in	n Part I. 24e. WAS AT PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO M		100	26. PLACE OF DEATH (C	Check only one)		
1 □ YES 2 NO	HOSPITAL: 1 Vinpatient 2 □ ER/Outp		THER: ☐ Nursing Home 5 ☐ Residence	8 Other (Specify)		200
I Mentural o liver	26s. DATE OF INJURY (Month, Day, Year) eatigation	28b. TIME O		28d. DEŞCRIBE NOW	INJURY OCCUR	ED
	uld not be armined 28e. PLACE OF INJURY building, etc. (Special contents)	— At home, farm, street/	t, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
S COOL OTHY	YING PHYSICIAN: To the best of my know					suse(a) and menner as stated.
D SULPA III	el hamin			767	29d. DATE SI	ID/93
30. NAME AND ADDRESS OF PU DEBRAS LA	ERSON WNO COMPLETED CAUSE OF DE DERTHE, MEK	ATN (ITEM 27) (Type, Pri	2434 W.	belveden	e Ave	21215
31. DATE FILED (Month, Day, Yea		ATURE Pands 100				
71 13	00	T. Promo				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	200	2 2
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	喜	强烈
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	呈	臣皇
	TO THE HIGHTAL OR ATTENDING PROCIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: AND SECURITIES OF SIGNED BEEN SIGNED by the attending physician and complete in the mental recommendation of the signed within 72 hours after different as State Dept. of Health and Mental Hygiene prior to burial, crem.
	E	七葉
	B	日常

1 - STATE		STATE OF MARY		TMENT OF I		MENTAL HYGIEI REG. NO		
1. DECEDEN	T'S NAME (First, Middle, Lest)	PARI	S . (ALA	NG. H	ARRIS)	2. DATE OF DEATH	NAY 9	3. TIME OF DEATH
21:	ECURITY NUMBER 3–60–6708	U√M 2 □ F	E (In yrs. lest birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 19,1	953	BIRTHPLACE (State or Foreign Country) MARYLAND
201		etreet end number) IG RD., UNIT	8		OR LOCATION OF D TIMORE	EATH		Y OF DEATH TIMORE
10a. STATE	10b. COUN	BALTIMORE	10c. CITY	, TOWN OR LOCA				10d, INSIDE CITY LIMITS? 1 YES 2 X NO
	AND NUMBER	G RD., UNIT	0		21208		USA	N OF WHAT COUNTRY?
11. MARITAL 1 Never 3 Widow		12. WAS DECEDENT EVEN FORCES? 1 YE IF YES, DIVE WAR OR	R IN U.S. ARMED	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:		4. RACE — American Indian, Black, White, etc. Specify: WHITE
Element	15. DECEDENT'S ED (Specify only highest gradery/Secondary (0-12)	College (1-4 or 8+)	ilfe. Do NOT us	vork done during m e retired.)		18b. KIND OF B		ВТПУ
Ö	NAME (First, Middle, Lest) MELVIN HARR	RIS		NONE	16. MOTHER'S NA	AME (First, Middle, Maide RED SNYDER	NONE n Surname) RMAN	
19a, INFORM	MRS MILDRED	HARRIS				Route Number, City or To ALTIMORE,		
1 SuBuriei	D OF DISPOSITION  2 Cremation 3 Reconstant R	moval from State	20b. PLACE AND DATE of cemetary, BAMPL	of disposition	N (Name ORIAL PA	RK 2-15-93	CATION — CH RANDA	ty or Town, State ALLSTOWN, MD
21, SIGNATU	HE OF FUNERAL SERVICE L	Hiller	en	S		SON & BROS		
NO Sequentla if any, los cause. En CAUSE (D	shock, or Heart fallure E CAUSE (Final r condition	DUE TO (OR A	S A CONSEQUENCE OF	06 1000 4000	esit BB	Justine 1 seep.	1000 S	Ones, and Des
PART II. C	in death) LAST	ona contributing to death	1372			Part I. 24a, WAS A	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z ZS. WAS CA	SE REFERRED TO MEDICAL	1		26.1	PLACE OF DEATH (C	heck only one)		1 TES 2 NO
EXAMIN 1 YE	ER? S 2 NO	HOSPITAL:		OTHER: 4   Nursing Ho	me 5 D-Réaldence	6 Other (Specify)		
- Ilan o Alsian	OF DEATH  unal 8 Pending ident Investigation		ir) IN.	M 1 🗆	IJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	JRED
	Could Not b	28e. PLACE OF INJL building, etc. (S	JRY — Al home, farm, specify)	street, factory, off	ice	281. LOCATION (Stree City or Town, Star		r Rural Route Number,
3 Sul 4 Hou 29a. CERTIF (Check one)	only 1 CEHTIFYING PHY	SICIAN: To the best of my kn NER: On the basic of examina						d. cause(e) end manner ee stated.
O 29b. SIGNAT	TURE AND TITLE OF CERTIF	VHO COMPLETED CAUSE OF	m		29c. LICENSE NU	MBER 153	29d, DATE	SIGNED (Month, Day, Year)
	ED (Month, Day, Year) B 17 1993	32. REGISTRAR'S SI	IGNATURE	, . emy				

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LRB

BALTIMORE, MARYLAND 21215-0020

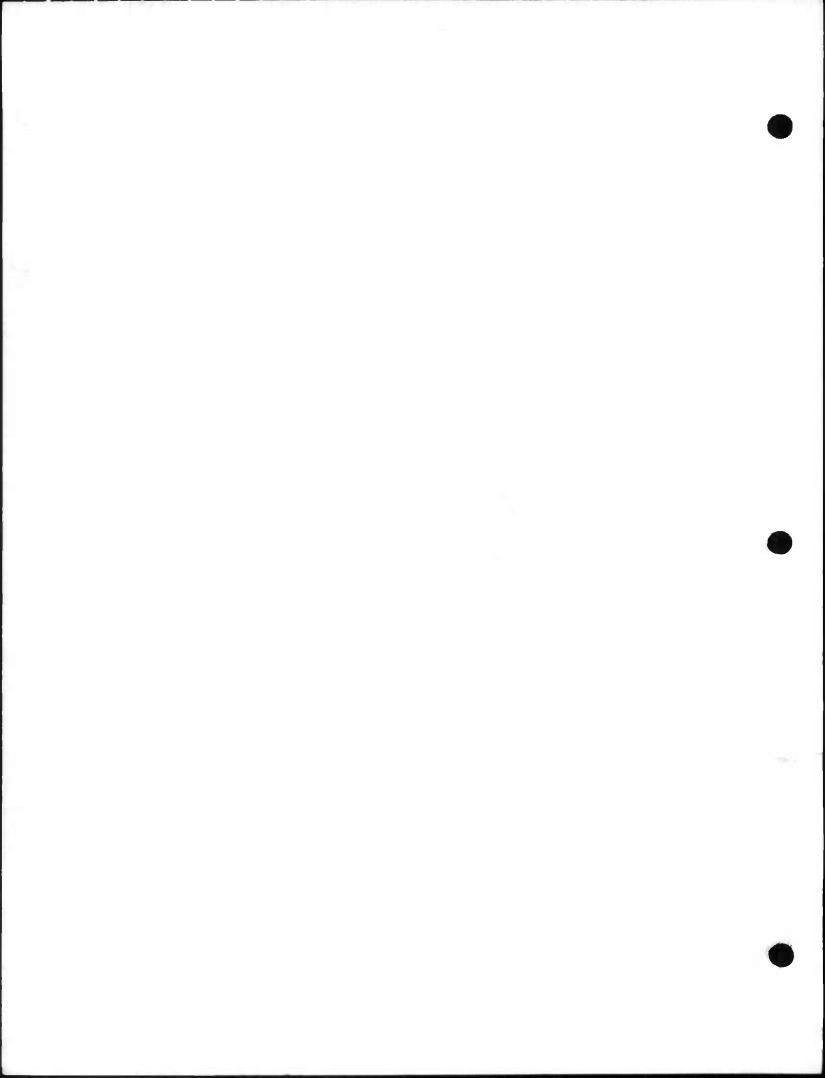
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR	111 555	CERTIF	ICATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME OF DEATH
	RAYMOND	MAURY		HARDY		02		
	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign
	218-94-4262	1 □X M 2 □ F	28 YRS.	WONTHS DAYS	HOURS MIN.	5-11-19	964	WASHINGTON, DC
~	Sa. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	WOODED AREA BEI	HIND TRAI	LER PK.	LOTHIA	AN		ANNE	ARUNDEL
E C	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CIT	TY, TOWN OR LOCAL	TION			10d, INSIDE CITY
8	MARYLAND AN	INE ARUNDEL		LOTHIA				LIMITS?
	10s. STREET AND NUMBER				. ZIP CODE		10g CITIZEN	1 TYES 2 NO
ER/	47 LYONS CREEK MC	BILE HOME	ESTATES		2071	11	Nog. Grinzes	USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	n or No- 14,	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [		If yes, sp	ecity Cuban, Mexico 2 X NO Specia	an, Puerto Rican, etc.)		Black, White, etc.
								Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during me	ON ast of working	16b. KIND OF BU	SINESS/INDUST	TRY .
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		T CLEANE	· R	CARE	PET CLE	ANING
W	17. FATHER'S NAME (First, Middle, Last)		0/11/12	. T OCE/MINE		ME (First, Middle, Meiden		71171110
	JOHN H. HARDY					BARA C. NEA		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street )		Route Number, City or Tow		del
2	BARBARA C. SIMMO	)NS				DERICKSBUR		
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (No		DATE 20c. LO		
	1 Burlet 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	METRO CF	EMATORY	2	2-10-93 E		
	21. SIGNATURE OF FUNERAL SERVICE LA	THISES		22. NAME A	D ADDRESS OF FA	CILITY		
	Teld)	Eliz 1	1			NERAL HOME. N ROAD, PAS		MD 04400
	23. PART I. Enter the dispesses, or o	complications that ca	sed the deeth. Do	not enter the mo	de of dving, suc	h as cerdiec or reen	Instany armest	MD 21122
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	Liet only one cause	on each line.				Tatory arroad	Interval Between Onset and Death
	disease or condition	- DHENCYCLI	DINE FAITON	ICATION	COMPLICA	TED DV HVD	0711504	
- 1	resoluting in death)	a. PHENCYCLI DUE TO (OR	AS A CONSEQUENCE O	f):	CUMPLICA	IED BY HAP	UTHERM	I.A
Z	Sequentially list conditions,	b						
Ĕ	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F):				
5	CAUSE (Disease or Injury	C						
Ē	that initieted events resulting in death) LAST	DOE 10 (OR	AS A CONSEQUENCE O	<del>(</del> ):				i I
CERTIFICATION		d						
	PART II. Other eignificent condition	e contributing to dee	th but not reaulting	In the underlyin	g ceuee given in			24b. WERE AUTOPSY FINDINGS
DICAL						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH?  1 YES 2 NO
PHYSICIAN: ME						_		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
I XSI	YES 2 NO	1 Inpatient 2 ER		4 - Nursing Hom		K□ Other (Specify)	WOODE	D AREA
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJU	PRY 26b. TIN		RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
B≼	2 \(\int\)\(\lambda\) Accident investigation	2-7-93	10:	LUd -	res 2 NO	UNKNOWN		
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc.				261. LOCATION (Street   City or Town, State)		Rural Route Number,
<u>-</u>	29a. CERTIFIER		S BEHIND T			LYONS CR		
COMPLETED	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my I						
8	77		nation and/or investigation	on, in my opinion, d	eeth occured et the	time, data and place, an	d due to the ca	use(a) and manner as stated.
BE	296. HONATURE AND TITLE OF CERTIFIER	P _ 111			29c. LICENSE NUI			GNED (Month, Day, Year)
P P	Jenn the	rem	2		O.C.M.	E.	▶02/	08/1993
	30. MAINE AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O			ot Pal	timoro	Marril	and 21201
- 1	J. YTKON W	CI INN	TIT Per	m stre	er' pgr	timore,	матут	and ZIZUI
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	NON ATURE					



DIVISION OF WITAL RECORDS, P.O. BOX 68760,



YEAR

Anne Arundel

USA

93

18

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

Approximeta

WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

2/15/93

Interval Between

Onset and Death

1 YES 2 NO

11:42

Maryland

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

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BY

COMPLETED

2 Accident

3 Sulcide

4 Homicide

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	Pag	1	Je
	OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director ithin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	NNT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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	A A	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i tithin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	E
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARGARET C. HARDESTY 7. DATE OF BIRTH (Month, Dey, Year) 13 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 217-01-6292 1 M 2 X F 74 VBS 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospital Glen Burnie RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a CITIZEN OF WHAT COUNTRY? 2785 Marshy Point Lane 21122 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes. specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 ND Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecity only highest grade complete 16h KIND OF BUSINESS/INDUSTRY 12 College (1-4 or 5+) Homemaker Household 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) John Margaret Crue BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Willard C. Hardestv 2785 Marshy Point La. Pasadena, Md. 21122 20a METHOD OF DISPOSITION
1 Disposition 3 D 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Met. Carmeton or other pl 4 Donation 5 Other (Specify) "Cemetery 2/17/93 Pasadena, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home PA Mountain Rd Pasadena 23. PART I. Enter the diseasee, or companies, or heart failure. Liet ilications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEDUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 TO NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | YES 2 19 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Waturel

26e. PLACE OF INJURY — At home, term, street, facto

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.

1 YES 2 ND

29c. LICENSE NUMBER

MEDICAL EXAMINER: Dn the basic of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(e) end manner ee stated.

TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: It Item 2 BE D41927 mo 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3708 Mountain Rd. Pasadena, Md. 21122 32. REGISTRAN'S SIGNATURE

5 Pending

6 Could not be

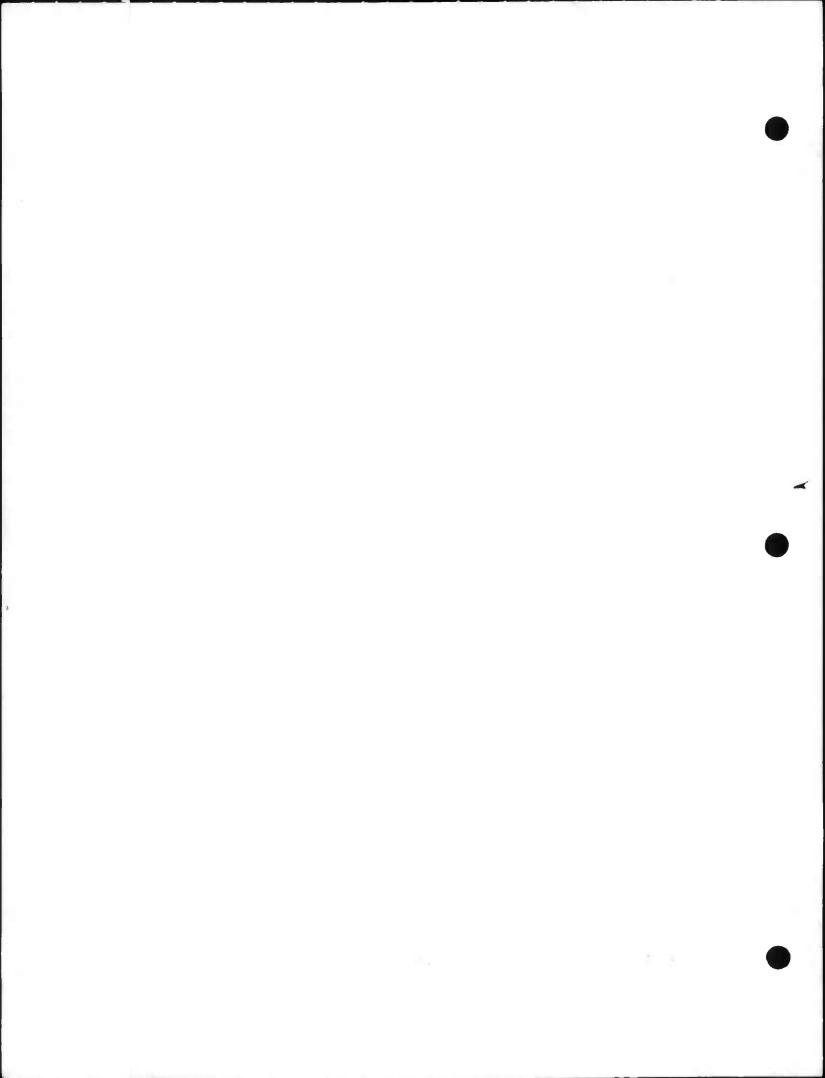
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	3	1. DECEDENT'S NAME (First, Middle, Last)  ARTHUR	G. IVES		J				ATE OF DEATH	PY (	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	MO	UNDER 1 YEAR	IF UNDER 24		TE OF BIRTH onth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
phonid		074-09-6575  Se. FACILITY NAME (If not institution, give	1 M 2 F	87	YRS.		OR LOCATION	JU	LY 7,19		SURRE	Y, ENGLAND
2, 3 sh	стов	ST. AGNES HOSPIT					BALTIMO			9c. COUN	TY OF DEAT	Н
ges 1.	ш	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	TY		10c. CITY, TO	OWN OR LOCA	ATION				10	d. INSIDE CITY
prysidan. burial-transit permit. Pages 1,	DIR	MARYLAND HOW	ARD			ELLIC	TT CIT	Y			- 1	LIMITS?
rt per	ERAL	10a. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
-transi	FUNE	3332 N. CHATHAM	ROAD, APT		MED	12 440 00	2104		GIN? (Specify Y		S.A.	
the buria	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 X	10	If yes, a	pecify Cuban, I S 2 XNO	Mexican, Pue	to Rican, etc.)	se or No—	Black, W Specify:	American Indian, hita, etc. HITE
Se as	E	15. DECEDENT'S EDU (Specify only highest grad		16a. DE	CEDENT'S USL	IAL OCCUPAT	ION		16b. KIND OF B	JSINESS/INDU		HILE
d for u	LET.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	tired.)						
detache once.	COMPL	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)		LEE	VAlle	y CEME	,	PO MAME /FI	LEE,	NEW '	YORK	
at o	ш	ALBERT J. IVES					1	TH FI		n Sumame)		
5 should notified	9 2	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING ADI	DRESS (Street	and Number or	Rural Route N	umber, City or To	wn, State, Zip (	Code)	010/0
be no	٦	MRS. ALICE K. IV	ES		3332 N	. CHAT	HAM RO	AD, A	PT. A-I	ELLICO'	TT CI	TÝ,MĎ.
ector, p		20e. METHOD OF DISPOSITION  1 N Burlai 2 Cremetion 3 N Ram  4 Donation 8 Other (Specify)	noval from Stata	cemetery, cre	MND DATE OF D	SPOSITION (A	leme of		ATE 20c. L	OCATION — C	ity or Town,	State
al dire		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	TEE V	ALLEY (	22. NAME /	ND ADDRESS			E, NEW	YORK	
to any control of the		· Christopher	HN	10 Dear	/				HOME, 1			
d in by the or removal		23. PART I. Enter the diseases, or	complications that	ceused the de	ath. Do not	onter the m	WILKEN oda of dying	S AVE	NUE-BAI ardiac or resp	TIMOR	E, MD	. 21229
illed in		IMMEDIATE CAUSE (Fine)	riet only one ceus	on each line								Interval Between Onset and Death
completely filled ial, cremation, o		disease or condition resulting in death)	a. KRUT	Lowerl	obe	Thew	mon ?	U				
comp rial, cr	_		Delinet	A CONSE	DUENCE OF):							
to bu	ION	Sequentially list conditions, if any, leading to immediate		R AS A CONSEC	DUENCE OF):							
hysicie e prior	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	a arkim		- 4	use						
attending physician and con rial Hygiene prior to buriat, y, or other traumatic en	CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (C	R AS A CONSEC	OUENCE OF):							
the atter Mental njury, o		DART II Oaker elevities and a section	d									
n signed by the attending physician and completels if Health and Mental Hygiene prior to burial, crema tows any Injury, or other traumatic event,	DICAL	PART II. Other algnificant condition	na contributing to d	eeth but not r	esulting in th	e underlyir	ng ceuse give	on in Part I.	24a. WAS AI PERFO	NAUTOPSY RMED?	AM	RE AUTOPSY FINDINGS
Health and Dws amy in	ш								1 TYES	2 (INO	OF	MPLETION OF CAUSE DEATH?
pt. of	N.:										1 1	YES 2 NO
icate has bee State Dept. o	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		07	26. P	LACE OF DEAT	H (Check only	one)			
the St	łYSi	1 TYES 2 TIMO	1 Inpatient 2 I E		DOA 4	Nursing Ho	me 5 🗆 Reside					
r death with is marked,	ВУ Р	1 berural 5 Pending 2 Accident Investigation	(Month, Day,		286. TIME OF INJURY	W	JURY AT ORK? YES 2 N		DEȘCRIBE HOW	INJURY OCCU	IRED	
Ø # 82	ETED	3 Suicide 8 Could not be determined	28a. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm, stree	l, factory, offi	ce		OCATION (Street ity or Town, State		r Rural Route	Number,
40 =	COMPLE	29a, CERTIFIER (Check only one) 1 DERTIFYING PHYS	ICIAN: To the best of m	y knowledge, de minetion end/or i	eth occurred at	the time, det	a and place, an	d due to the	cause(s) and me	onner en stated	i, cause(s) an	d manner es stated,
TO THE FUNERA De filed within 7 IMPORTANT: 1	ш	290 BIGHATURE AND TITLE OF CERTIFIE	R	0	0		29c. LICENS	E NUMBER		29d. DATE	SIGNED (Mc	onth, Day, Year)
D 9 €	TO B	P/tee n	rediral	Resid	cent		SAH	-82	6	1	-16	-93
	-	Boujanin Ler, M	D. St. 1	Fines	127) (Type, Prin	glo c	Catr	n Au	Ro	Stinur	e, M	D DIZZ
		FEB 17 1993	32. REGISTRAR									
			U									DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyginen prior trempolity of removal and accompletely filled within 72 hours after death with the State Dept. of Health and Mental Hyginen prior trempolity of removal an available and an antificial of the product of the produc

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEALTH		NTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)	garet J	Jone	ड		DATE OF DEATH	3 9	
	218-56-2435  9a. FACILITY NAME (If not institution, give	6. AGE (In yrs. 43	YRS. MO	NTHS DAYS HOURS	MIN.	ATE OF BIRTH Month, Day, Year)	49	BIRTHPLACE (State or Foreign Country)  MD
STOR	Mercy Hospital	most and named)		Baltimore	ION OF DEATH		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Υ		own on Location timore				10d. INSIDE CITY LIMITS? 1 \( \infty \) YES 2 \( \infty \) NO
RAL	100. STREET AND NUMBER 553 Thornfield	Pd		10f. ZIP COI				N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 P		13. WAS DECEMBENT If yes, specify Cub 1  YES 2 NO	OF HISPANIC O	RIGIN? (Specify Ye erto Rican, etc.)		SA  RACE — American Indian, Black, White, etc.  Specify: Black
COMPLETED	15. OECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	e completed)		UAL OCCUPATION done during most of work tired.)	ing	Charle Retire	stown	TRY
6 111	17. FATHER'S NAME (First, Middle, Last) Paul A. Smith Sy			L.	illie M	First, Middle, Melde lae Jack	SON	
2	John L. Jones			ornfield Ro				ode)
	26e, METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Ren 4 Denetion 5 Other (Specify)	20b, PLAC cemetery,		ISPOSITION (Name of	1	DATE 20c. L	OCATION — City	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI			WM C . MAF		Υ		
CERTIFICATION	23. PART I. Enter the diseases, prehock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS	BEOUENCE OF):	th		caronac or real	6	Interval Between Onset and Death
MEDICAL	PART II. Other algoriticant condition	na contributing to death but no	t reaulting in t	he underlying ceuse	given in Part	I, 24a. WAS AI PERIFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  VES 2 NO	HOSPITAL: 1 Papatient 2 ER/Outpatient		28. PLACE OF: THER: Nursing Home 5   F	DEATH (Check or			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT WORK?		DESCRIBE HOW	INJURY OCCUP	RED
- 6	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	et, factory, offica	281.	LOCATION (Street City or Town, State		Rural Route Number,
E COMPLETED	000)	BCIAN: To the best of my knowledge, ER: On the bests of examination and/o		n my opinion, death occi			nd due to the c	aute(a) and manner as stated.
TO BI	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED AUSE OF DEATH (F		1.0	428.	33	12	112/93
	31. DATE FILED (Month, Day, Year) FEB 17 1993	32. REGISTRAR'S SIGNATURE	VITIC	MD 210	77			
	O.							OHMH-16 Rev 1/89

use as the buriaf-transit permit. Pages 1, 2, 3 should

ISON OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATTEMMENT THIS ICAN: The law requires that the death certificate be executed within 24 hours after death	fund		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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Item17,18,Film696,2/23/93,1t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Jessie С. Jeffcoat February 15,1993 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 1 M 2 □ F 85 248 01 7420 August 1907 South Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore Baltimore City RESIDENCE 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2751 Yarnall Rd. 21227 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 5 Laborer Textile Mill 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John A. E Jeffcoat Emma 10 Lucas Mack BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mable Jeffcoat 2751 Yarnall Rd., Baltimore, MD ě 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must VCV Buriel 2 Cremation 3 Re Royal Pine Cemetery 2/20/93 Winnsboro, SC examiner 21. SIGNATUME OF HUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MCCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, MD 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2 Arteriosderotic Cardiavascala Dien DUE TO (OR AS A CONSEQUENCE OF) resulting in death) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 KNO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be determined COMPLETED 4 Homicide 200 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER BE 29d. DATE SIGNED Month, Day, Your) 26203 DO2 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

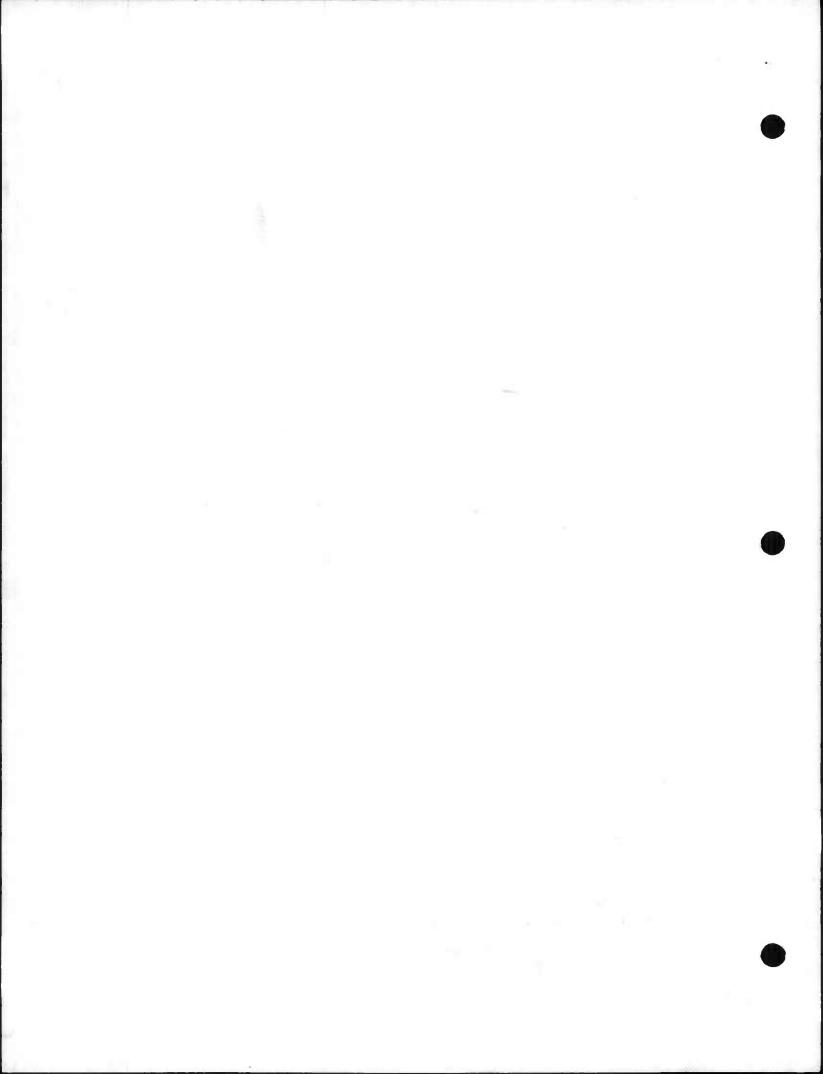
M.D. 4000 Annapol

32. REGISTRAR'S SIGNATURE

Landon Pandate

POYCH

7 1993



YEAR 3

9c COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

MARYLAND

2. DATE OF DEATH

7. DATE OF BIRTH

OCT. 9,1949

2

4 SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number,

218-48-2791

5. SEX

f)[☐ M 2 ☐ F

IF UNDER 1 YEAR

IF UNDER 24 HRS.

96. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In vrs. last birthday)

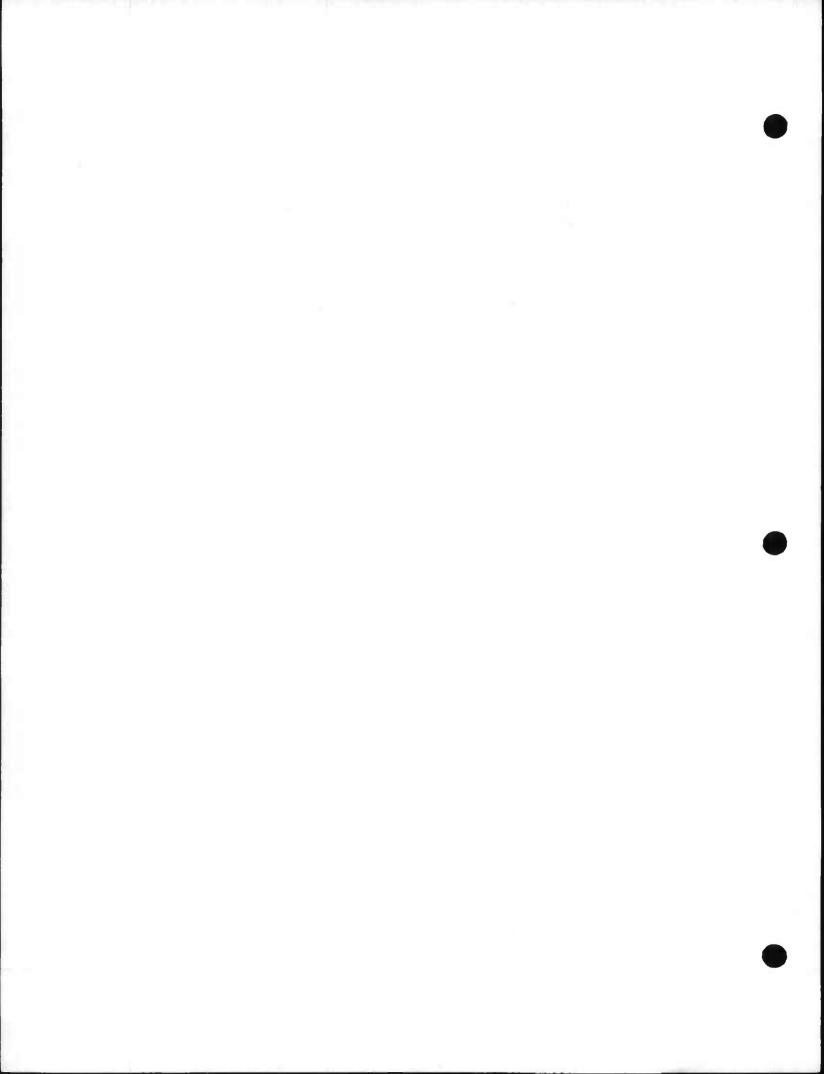
YRS

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE LANSDOWNE 1 YES X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY use as the burial-transit 3311 KESSLER COURT 21227 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high JQ. Elementary/Secondary (0-12) College (1-4 or 5+) detached 10TH GRADE PAYROLL CLERK BALTIMORE SUNPAPER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) CHESTER KRAINER funeral director, page 5 should be notified at BETTY SCHOOLDEN BE 19a. INFORMANT'S NAME (Typo/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 SANDRA C. KRAINER 3311 KESSLER COURT-LANSDOWNE, MD. 21227 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must CRESTLAWN MEMORIAL GARDENS 2/18 4 ☐ Donation 6 ☐ Other (Specify) MARRIOTTSVILLE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 the removal. medical the attending physician and completely filled in by it Mental Hygiene prior to burial, cremation, or remo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) CAROTID EROSION OF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR. After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating event, DUE TO (OR AS A CONSEQUENCE OF): aryugeal traumatic CERTIFICATION Sequentially list conditions. DUE TO OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE shows any 0/11 119 1 | YES 2 | NO 1 YES 2 NO Dept. c PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 Chack only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) amo 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 17 199 مسطه والمناط بعد DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medicel examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transitionment. Pro-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the buriat-frame men. Pres.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing 4 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 03707 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1:36 A 93 2 KNODE 5. SEX 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 F 212-12-2344 1/1/07 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION DF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Carroll Westminster 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Ruxton 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ruxview Court #101 21204 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Statiscal Clerk U.S.F. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William W. Knode, Sr. Ella Ross conway BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3 Ruxview Court #101 Robert Knode Ruxton, MD 21204 20e. METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION — City or Town, State Cemetery 2/18
22. NAME AND ADDRESS OF FACILITY 2/18/92 Loudon Park Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home mislina 5821 Loch Raven Blvd 21286 23. PART I. Enter the diseases, or complications that coded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition neummia LLHO2 ( resulting in death) DUE TO (DR AS A CONSEDUENCE DE): 2 hools Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 ☐ YES 2 ☐ NO 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL : OTHER: 1 | YES 2 | NO I ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29s. CERTIFIER (Check only one) 2 METICAL EXAMINED: In the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated.

29c. LICENSE NUMBER

24321

32. REGISTRAR'S SIGNATURE

June Deviden Panders

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

296. SIGNATURE AND TITLE OF CERTIFIER

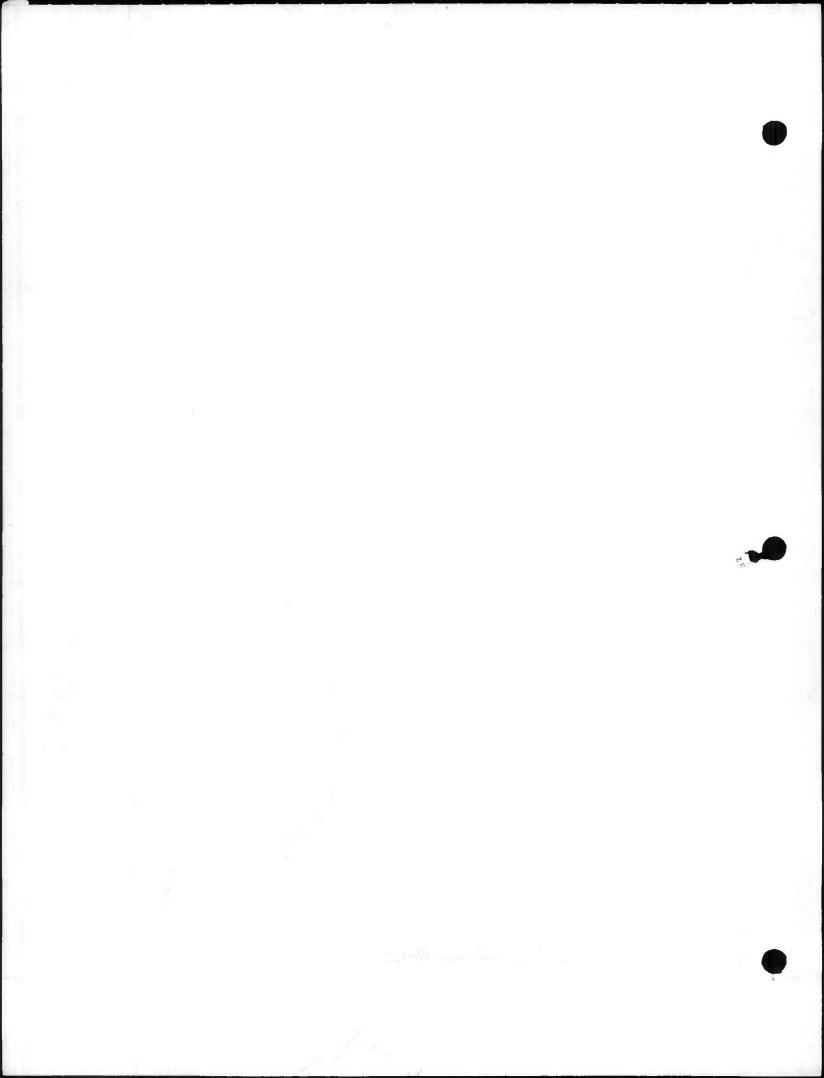
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29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After this co be filed within 72 hours after death with I IMPORTANT: If Item 28 is marked,

rice be executed within 24 hours after dearth. Page 6 may be retained by the hospital or attending physician,	cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	mation, or removal.	d, or item 23 shows any injury, or other traumatic event. the medical examiner must be natified at once
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93 03708 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 15,1993 Norman S. Kernan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 05/01/1915 Dublin. 15 H 2 F 214 18 3736 Maryland 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH 731 Holly DIRECTOR Essex Baltimore 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 YES 2 ND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY 1633 Cape May Road 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married Specify B 1 TYES 2 ND Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Repairman Auto Body Repair 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elwood Kernan Eugene Mercy Mary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace R. Kernan (wife) 1633 Cape May Road Essex Maryland 21221 20s. METNOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Gardens of Faith 4 Donation 5 Other (Specify) 2/19/93 Baltimore County, Md. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Baltimore Maryland 23. PARTYL Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. Last only one ceuse on each line. IMMEDIATE CAUSE (Fine) Onset and Death se or condition resulting in death) orman 4 4 CERTIFICATION Sequentially list conditions, TO TOR AS A CONSEQUENCE O if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting In death) LAST PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY rootatic 1 YES 2 NO 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: 4 Nursing Name 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED B 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Nomicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the peed of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the c

18326 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print AEEM Medica Out 32 REGISTRAR'S SIGNATURE

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c\_LICENSE NUMBER



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29b. SIGNATURE AND TITLE OF CERTIFIED

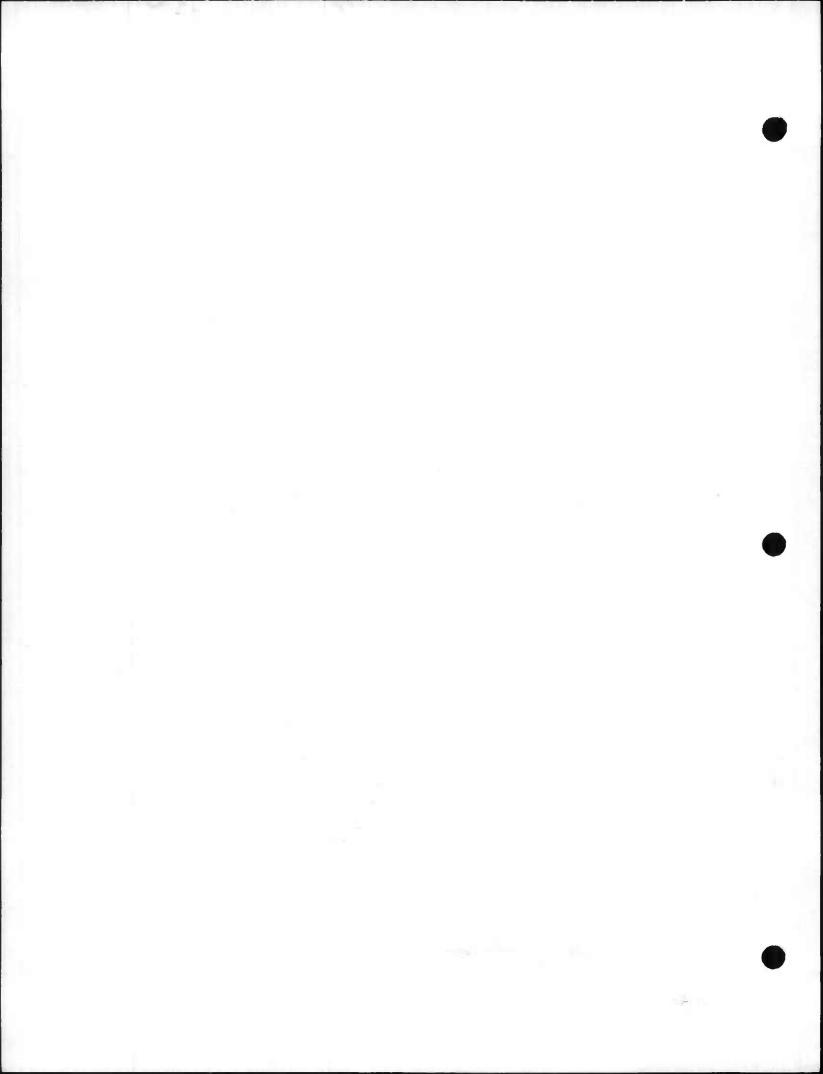
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DIVISION MITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
O THE HOSPITAL OR ATTENDING PROSTED IN THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
O THE FUNERAL DIRECTOR: And THE CONTROLLE THE CONTROLLE THE SECONDER TO THE AUGUST AND THE FUNERAL DIRECTOR: And THE FUNERAL DIRECTOR: And THE FUNERAL DIRECTOR: And THE FUNERAL DIRECTOR: And THE FUNERAL DIRECTOR: And THE FUNERAL SECONDER THE PROPERTY OF
e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
SERVICE II have been been been been been as the second by a second by the second by th

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Adam M. Kozlewski 02 993 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215 03 6313 1 X M 2 F 83 4/4/1909 Mississippi 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 207 Aquahart Road DIRECTOR Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 207 Aquahart Road 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Merried 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Stamp Feeder 6th Grade Proctor & Gamble 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Adam Kozlewski Veronica Mason BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Raymond Kozlewski 207 Aquahart Road Glen Burnie, Maryland 21061 20e. METHOD OF DISPOSITION
1 Sp Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burial 2 Cremation 4 Donation 6 Other (Specify) St Stanislaus Cemetery 2/17 Baltimore, Maryland 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. lecome manurous 4001 Ritchie Hwy. Baltimore. 23. PARTI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intervai Between shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Probable sepsis decubrtus Well CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING Centrovascula CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algolificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 Anesidence 6 Other (Specify) 4 🗆 Nurs 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check aniv. 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end manner es stated. 296. SHONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Guul 0 D21225 10/15/53 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stephen Zemel M.D. 795 Aguahart Rd # 203 Glen Burnie, Fld 21061 82 REGISTRAR'S SIGNATURE



FOR

ITEMS: 23 PART 1,27,28a-f, PER MEO G-696 2/25/93 t.t 93 03710

		1 - FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND I	MENTAL	HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)		_	-	_		2. DATE	OF OEATH	lv v	EAR	. TIME OF DEATH
		Steve 4. SOCIAL SECURITY NUMBER	C.			dros		02	06	199	3	2212
PIN	DIRECTOR	214-58-5900	1 XM 2 F 4	In yrs. lest birthe	IS. MONT	200	IF UNDER 24 HRS. HOURS MIN.	10-	DE BIRTH 12-51		Country)	LACE (State or Foreign Land
2, 3 sho		98. FACILITY NAME (# not institution, give st 6018 Eastern A RESIDENCE OF DECEDENT			9b. C		imore C			9c. COUNT	Y OF DE	ATH
t. Pages 1		10e. STATE 10b. COUNTY Maryland -	,	10000	Balt	n or locat	TION					Od. INSIDE CITY LIMITS? YES 2 \( \subseteq \text{NO} \)
020 physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	106. STREET AND NUMBER 6018 Eastern Aven	ue			101	21224			U.S.	N OF WH	AT COUNTRY?
21215-0020 Il or attending physician. for use as the burial-trar	BY	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 PNO		If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexicas 2 XNO Specify	n, Puarto R	? (Specify Yes	or No- 14	Black, Specify.	- American Indian, White, atc. White
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4 8 8 8	BE CO	17. FATHER'S NAME (First, Middle, Last) Michael E. Kalan	dros					ie M	arie N	forris		
60 41	5	Mrs. Mary K. Kala	ndros	19b. MAII 601	.8 Eas	ess (Street a stern	Ave., Ba	oute Numb	ore, N	i, State, Zip Co Id. 21	224	
ALTIMORE, I death. Page 6 may be funeral director, page 8		20s. METHOD OF DISPOSITION 1-1 Burlel 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	No.	PLACE AND DA	or other pla	osition (Na Parl	c Cem.	2-1		CATION - CH Ltimor		
0 = 0		21. SIGNATURE CONTUNERAL SERVICE LIC	matche	10)			news Fune Eastern			imore	Mo	21221
24 hours aft filled in by lion, or remo		IMMEDIATE CAUSE (Final	omplications that caused lat only one cause on each NARCOTIC A	BUSE		ter the mo	da of dying, auch	n as card	ac or respl	ratory arres	t,	Approximata interval Betwee Onset and Dea
P.O. BOX 68: th certificate be execute anding physician and ci I Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A									
PECNEDS  out the description of the description and Me  shows any injure	: MEDICAL C	PART II. Other algnificant conditions	contributing to death b	ut not resulti	ng In tha	underlying	g cause given in i	Part I.	24e. WAS AND PERFORM	MED?	C	THE AUTOPSY FINDING WALLABLE PRIOR TO OMPLETION OF CAUSE F OEATH?
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VISION OF VI: ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 28 is marked, or it	ΒY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 X Could not be	2-6-93 26a. PLACE OF INJURY	- At home, far	TIME OF (NAJURYO : 02 pM	1 🗆 Y	RK? YES 2 XX XNO		NOWN	nd Number or	Quest Do	the file combiner
DIVISION OR ATTENDING FOR DIRECTOR: After hours after death item 28 is mar	LETEC	4 Homicide determined	FOUND: HO	M E				Balt	imore	City.	East Md.	ern Ave.
로 국 전 도	COMPLETED	(Check only	ZAN: To the best of my knowl								euse(a) a	nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE (	296. SIGNATURE AND TITLE OF CRITIFIER WONALD H	Inight Mr.	)			29c. LICENSE NUM			29d. DATE S		fonth, Day, Year)
	F	DONALD G. WRICE				n S+2	ceet B		more			

DHMH-16 Rav 1/89

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  WILMES KOOTT		JAMES KNOTT	2. DATE OF DEATH MONTH O 2 13	3. TIME OF DEATH  93 0457 A M	
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F  9a. FACILITY NAME (If not institution, give street and number)	E (In yrs. lest birthdey,	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dwy, Year) 8/5/1932	a. BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Mercy Medical Center		Baltimore City	EATH 9c. CO	NA	
DIREC	Maryland NA		ty, town on Location altimore (Lak	eland)	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
VERAL	100. STREET AND NUMBER 2953 Mallview Road,		10f. ZIP CODE 2123	0 10g. C	ITIZEN OF WHAT COUNTRY?	
D BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2XX Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 X NO Specifi	NIC ORIGIN? (Specify Yes or No— in, Puerto Rican, etc.) y:	14. RACE — American Indian, Bleck, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  9th Grade	(Give kind o	s usual occupation I work done during most of working use retired.)  eyman Mailer	Baltimore		
E COM	17. FATHER'S NAME (First, Middle, Lest)  John H. Knott		16. MOTHER'S NA	ME (First, Middle, Melden Surneme, ne Amelia Kre		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Lillian E. Knott		G ADDRESS (Street and Number or Rural 2953 Mallview Ro			
	1 X Burial 2 Cremation 3 Removal from Stata 4 Docation 5 Other (Specify)	cometery, cremetory or Loudon P		OATE 200. LOCATION - 2/16/98 Baltim	nore, Maryland	
		E. Ecker	McCully Funer	al Home of Bro co Ave., Balto	ooklyn o., Md. 21225	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Approximation and the cause of the mode of dying, such as cardiac or respiratory arrest, interval E Onset and Interval E Onset and						
L CERTII	resulting in death) LAST  d  PART II. Other significant conditione contributing to deeth	S A CONSEQUENCE	In the underlying cause given in	Part I. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS	
N: MEDICAL	PANCYTOPENIA 20 che SIP MYOCARDIAL IN	noture	14 CA	PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO SPITAL: 1 Inpetient 2 ER/O	Putpatient 3 DOA	26. PLACE OF OEATH (C/			
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO					
	2 Accident	IRY — Al home, ferm (pecify)	street, factory, office	28f. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examina					
TO BE C	296. SIGNATURE AND TITLE OF GERTLETER OCCUPA	~~~~	29c. LICENSE NU	MBER 29d. D	ATE SIGNED (Month, Day, Year)  0 2/13/93	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 37) THE GNATURE	301 St AUL P	ace BANO,	Morroz	
	31. DATE FILED (Morgh, Day, Ybar) 32. REGISTRAR'S SI					

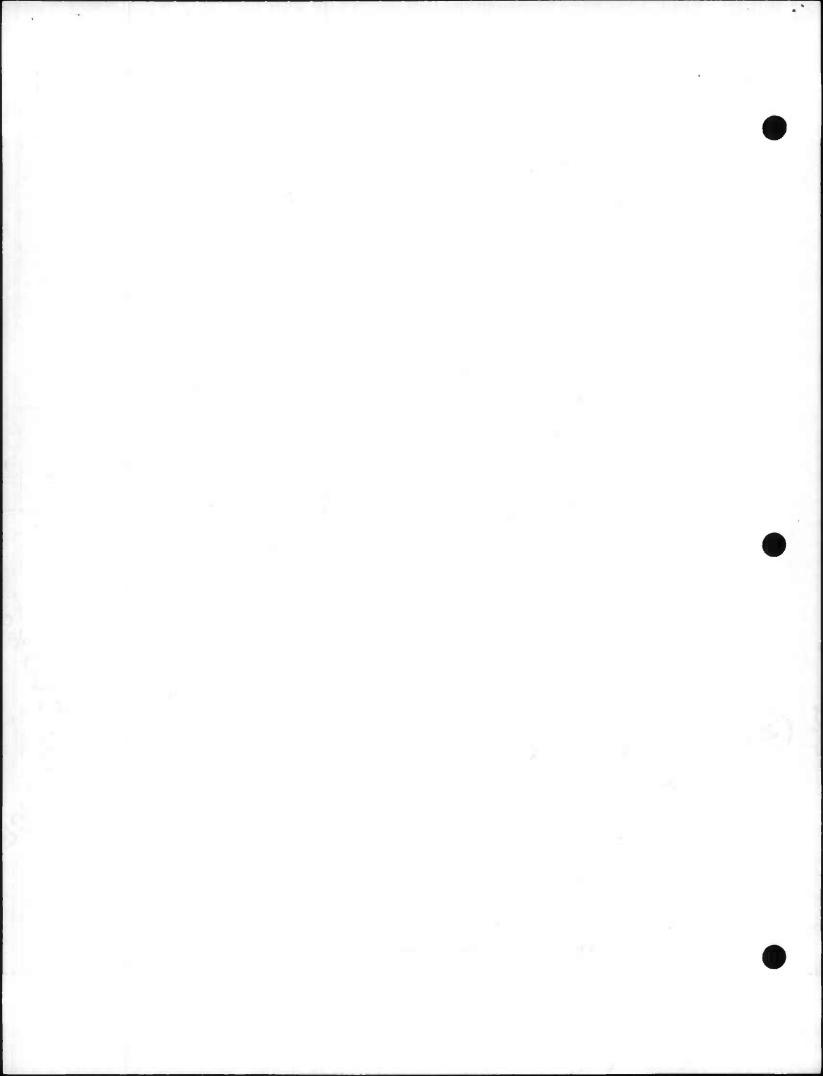
TO THE HOSPITAL OR ATTENDING PHYSICIAN WE IN THE death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN WE IN The standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VIT



permit, Pages 1, 2, 3 should

use as the burial-transit

detached for

funeral director, page 5 should be

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for supped by the attending physician and completely filled in by on the sith and Mental Hygiene prior to burial, cremation, or remo

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	lat the death certificate be executed within	TO THE FUNERAL DIRECTION After this certains has been signed by the attending physician and completely be filed within 72 hours after down the Star Disc of Health and Mental Hygiene prior to burial, cremat	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, i
PECO	a compares th	A of Health	shows an
VITA	DAN: TO	No. of Lot	or Item 23
ON OF	DING PHYSIC	After this ce death with t	marked,
DIVISI	OR ATTEN	DIRECTOR- hours after	Item 28 is
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: 11

BE

6

299 SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHUSE OF DEATH (TEM 27) (P.D.)

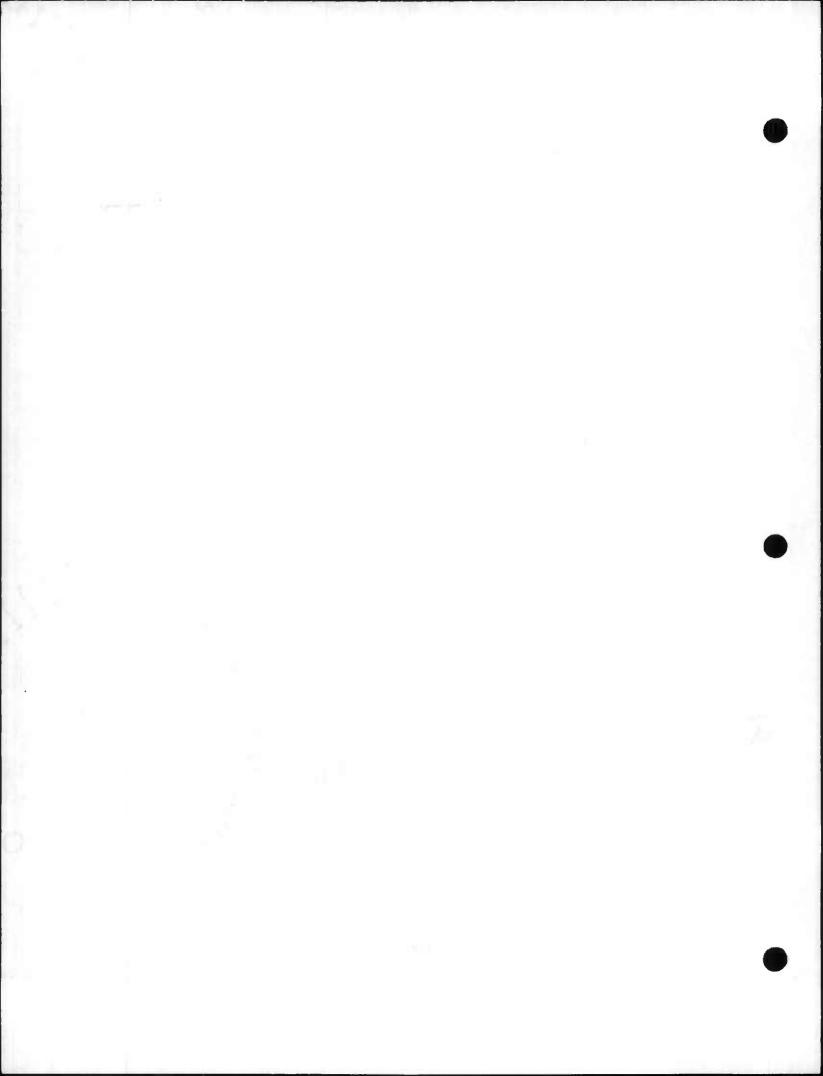
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR BORIS KHIZVER FEB. 12, 1993 9:17 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 X M 2 | F 72 220-35-7765 RUSSIA 7-1-1920 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RESIDENCE OF BECEDENT DR., APT. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND 1 X YES 2 NO FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RUSSIA 6946 MILBROOK PARK DR., APT. 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOUNG IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 [X] NO Specify: 14. RACE — American Indien, Bleck, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced BY Specify: WHITE ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compo COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) CARPENTRY CARPENTER TINKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ UNKNOWN KHIZVER LAZAR notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 YEFIM KHIZVER BROOKMILL RD. 6948 APT. T-1 BALTO, MD 21215 pe 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 M Buriel 2 Cremmon — 4 Donation Donation ARLINGTON (CHIZUK AMUNO) 2-14-93 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC 21215 6010 REISTERSTOWN RD., BALTO., MD medical (23. PART/I. Enter the diseases, or complications that caused the deshock, or hard failure. List only one cause on each line s, or complications that caused the deeth. Do not anter the mode of dying, auch as cardiac or respiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death traumatic event, the disease or condition resulting in death) 10 MINUTE CERTIFICATION Sequentially list conditiona, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, ( PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS! PERFORMED? MEDICAL 146. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 - W 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE BEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: yes 2 No 1 Inpetient 2 ER/Outpetient 3 DOA 6 Other (Specify) ä 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) . 3 Suicide 6 Could not be determined COMPLETED 28 4 Homicide 29e. CERTIFIER
(Check only one)

1 CERTIFIUM PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(a) and manner as stated.

Example

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

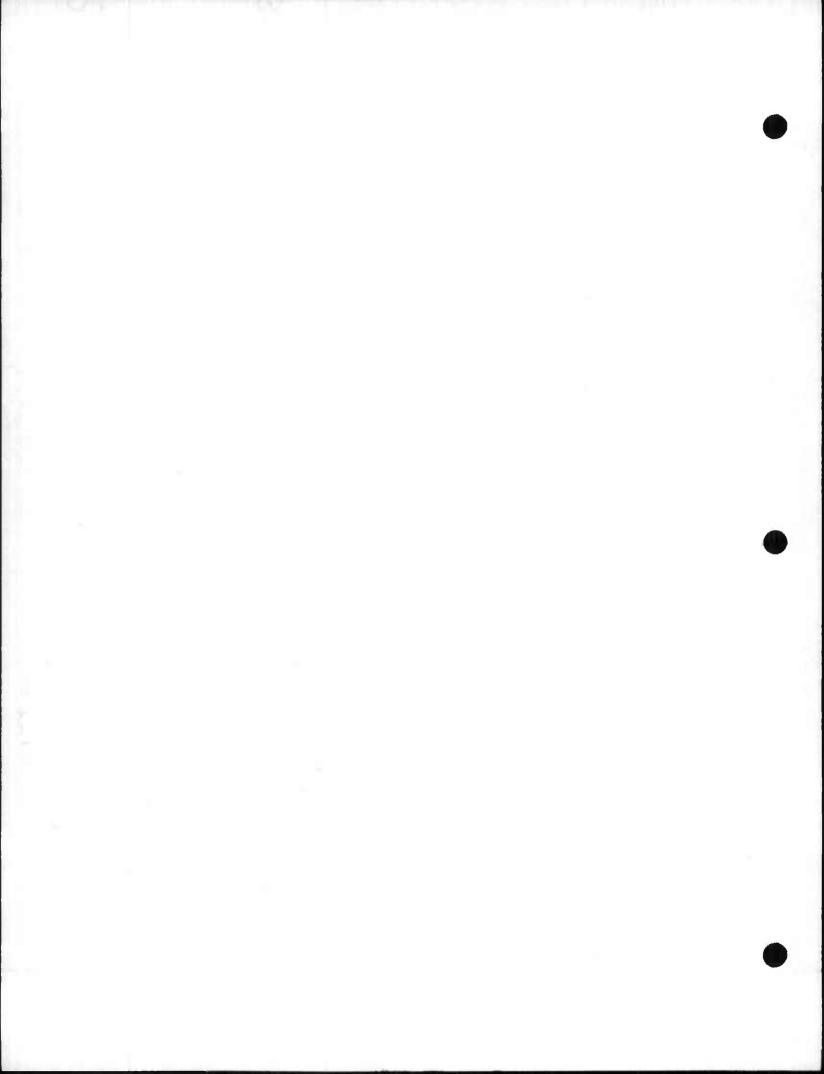
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN REG. NO.	E	, 00710
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joseph	Edward	LAMARTI	NA		02 12		8:43Am
	4. SOCIAL SECURITY NUMBER		MC	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, 8	SIRTHPLACE (State or Foreign Country)
	216 12 3932	1 x M 2 □ F 8	4 YRS.	Mine Detro	noons win.	12-27-19	08 i	Maryland
~	9a. FACILITY NAME (If not institution, give atm. FRANKLIN SOUA		9	b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			Esse	х		BALT	IMORE
E S	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY
P.	Maryland Ba	ltimore Coun	ty E	ssex				LIMITS?
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	145 Langley Road				2122	1	τ	ISA
5		12. WAS DECEOENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yes	or No 14,	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE YES WW	TES		2 NO Specif			Specify:
	15. DECEOENT'S EDUC		16a. DECEDENT'S US	141 000104710				White
ETE	(Specify only highest grade c	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos		16b. KIND OF BUS	HNESS/INDUST	RY
PL	6	Conege (I-4 or 5+)	Truck D	river		Transr	ortati	on
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		3240.1.2		18. MOTHER'S NA	ME (First, Middle, Maiden		0.1
BE C	Angelo Lamartina				Josep	ohine Rose	Timark	0
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street as	nd Number or Rural	Route Number, City or Town	n, State, Zip Coo	ie)
F	Linda O'Neill		316 Sha	gbark 1	Rd, Balt	imore, MD	21220	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove		PLACE AND DATE OF D		me of	OATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)							
	21. SIGNATURE OF FUNERAL SERVICE LICE	MONATA W	ade, Dir			curry State		
	Sandenall	Ille "	2/15/93	655 W.	Baltimo	ore St, Bal	to,MD	212012
	23 PART I. Enter the diseases, or co	omplications that caused ist only one cause on each	the death. Do not	enter the mod	de of dying, suc	h as cerdiac or respi	ratory arrest,	
1 1	IMMEDIATE CAUSE (Final	int only one couse on ear	GIT HING.					interval Between Onset and Death
1	disease or condition resulting in death)	. Intracere	bral	lemorrh	age			
		DUE TO (QR AS A	CONSEQUENCE OF):			· ·		
O	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
YAT	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A C	consequence or,					
띹	CAUSE (Disease or injury that initiated events	OUE TO (QR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
	PART ii. Other aignificant conditions	contributing to death by	t not moulting in t	he underlying	anuna aluma In	Bank I as amaza		
CAL			t not reauting in t	ne underlying	cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Atherosclero	/3 / 3				1 TES 2	□ NO	OF DEATH?
Σ								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	not only one)		
딣	EXAMINER?	HOSPITAL:		THER:				
Ĭ	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME 0	_		8 Other (Specify)  28d. DESCRIBE HOW II	JURY OCCURE	0
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? ES 2 NO			
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm, stre	et, factory, office		281. LOCATION (Street a	nd Number or R	ural Route Number,
TED	4 Homicide determined	building, atc. (Specif	y)			City or Town, State)		190
COMPLET	29a, CERTIFIER (Check only	IAN: To the best of my knowle	dge, death occurred a	it the time, date	end place, end due	to the cause(e) end men	ner as stated.	VM 347
NO		On the type of examination						use(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFICAL	11/2 1		1	29c. LICENSE NUI	MBER /	29d. DATE SIG	GNED (Month, Day, Year)
3B C	/ /	y chick-			D/8	3326	<b>&gt;</b>	2/12/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	1000 Pri	Frankl	in Sq. [	DR. Balto.	, MD .	21237
	31. DATE FILED (Month, Dey, Year) FEB 17 1993	32. BEGISTRAR'S SIGNAT	TURE - N E					
	LED I 1 1999							



2	lache	be filed within relappers after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
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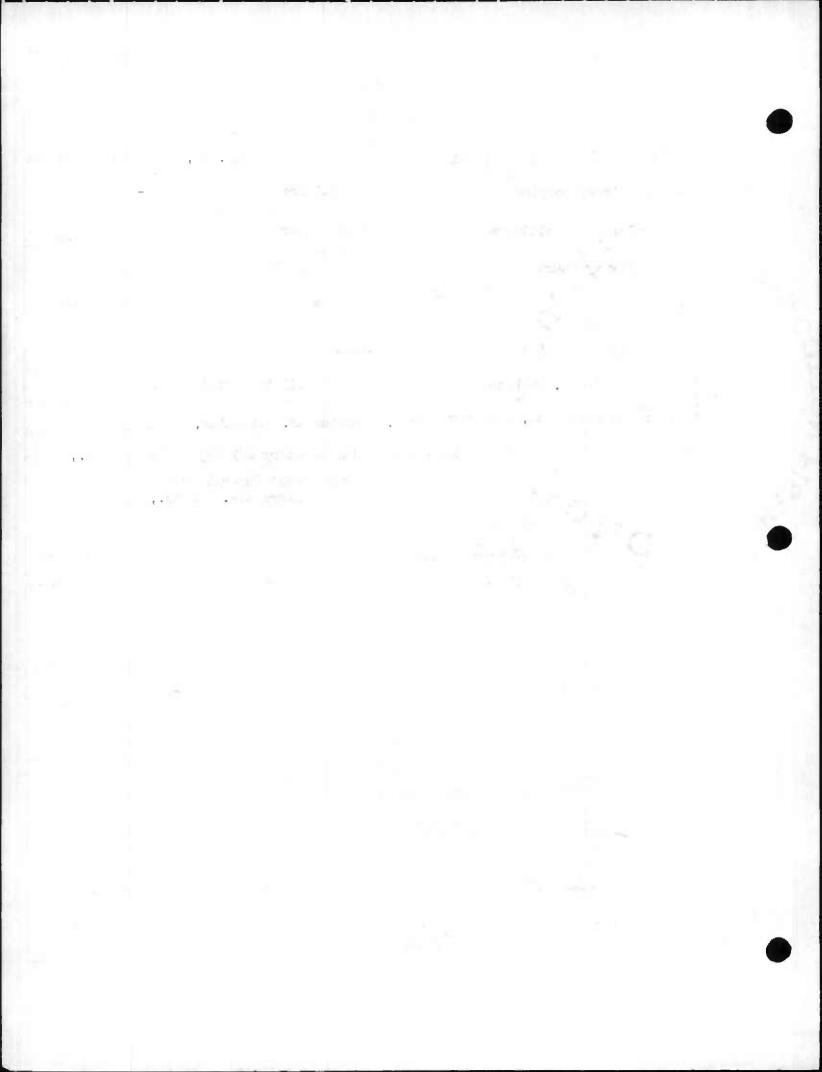
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTA	L HYGIEN	E		
A	1. DECEDENT'S NAME (First, Middle, Last) Carrie	arolyn Victor	ria Lambe BERT	rt		MONTH DAY YEAR			3. TIME OF DEA	тн Р м
	4. SOCIAL SECURITY NUMBER 234 20 4472 9a. FACILITY NAME (if not institution, give	S. SEX  8. AGE (In yrs. last birthday)  1  M 2 F  88 YRS.  8. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF B  MONTHS  MONT						1904 9	IRTHPLACE (State or Fo ountry) Irginia	oreign
TOR	Franklin Squa		96		ville	EATH		Balti		
Franklin Square Hospital Rossville  RESIDENCE OF DECEDENT  10c. STATE  10b. COUNTY  Md.  Baltimore  10c. CITY, TOWN OR LOCATION  Middle River  10c. STREET AND NUMBER  10f. ZIP CODE  21220  11. MARHTAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2000  13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec								10d. INSIDE CITY LIMITS? 1 YES 2		
						)		10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married   12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, apocify Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, apocify Cuban, Mexican, Puerto Rican, etc.)						- 1	RACE — American Indi Black, White, etc. Specify: White	lan,	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo- tired.)		16b		SIHESS/INDUST		
M M	17. FATHER'S HAME (First, Middle, Last)		House	Wile	18. MOTHER'S HA	ME (E)		Home		
	William Robe	rt Bowles			_					
H	19a. INFORMANT'S HAME (Type/Print)	TO DOWLES	19b. MAILING AD	DRESS (Street a	Rosal		Bran	A-1-0- 0	1	
2	Roger L. Lambe	rt Son							,	
	Roger L. Lambert Son 19 Left Wing Drive Baltimore, Maryland 21220  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Location) 6 City or Town, State  4 Donation) 6 Other (specify) Third of Center of Control (Specify) Widdle River, Md.									
Į	21 SIGNATURE OF FUNERAL SERVICES	Cereber Son	/.	Bruz	d Address of FA	Fune	eral Ho	ome PA	. Md. 212	
CALION	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Renal Failu DUE TO (OR AS A	ch line.						Approxim Interval B Onset and	etween
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Hyperiension  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Hyperiension  1 Ves 2 No 0 PEATH?						24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO			
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. Pt.	ACE OF DEATH (Ch	ack only or	ne)			
2	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output		THER:	5 🗆 Residence					
	27. MANHER OF DEATH	26s. DATE OF IHJURY	28b. TIME O	F 26c. INJ	JRY AT	T .		HJURY OCCURE	D	
100	1 Hetursi 5 Pending 2 Accident Investigation	(Month, Day, Year)	IHJURY		RK? ES 2 ND					
3	3 Couloide	8 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, CRUCK Town, State)								
COMPLEI		SICIAH: To the best of my knowk							se(a) end manner as a	stated.
	296, SIGNATURE AND TITLE OF CERTIFIE	012/			29c. LICEHSE HUI	MBER		29d. DATE SIG	NED (Month, Day, Year)	
	Jan C.	V) (Inta	win		D 2894	7			6-93	
	30. NAME AND ADDRESS OF PERSON WI Dr. James D' Orca						2123		0-90	
	31. DATE FEB 1 7 1993	A2. REGISTRAR'S SIGNA	TURE Pandall							

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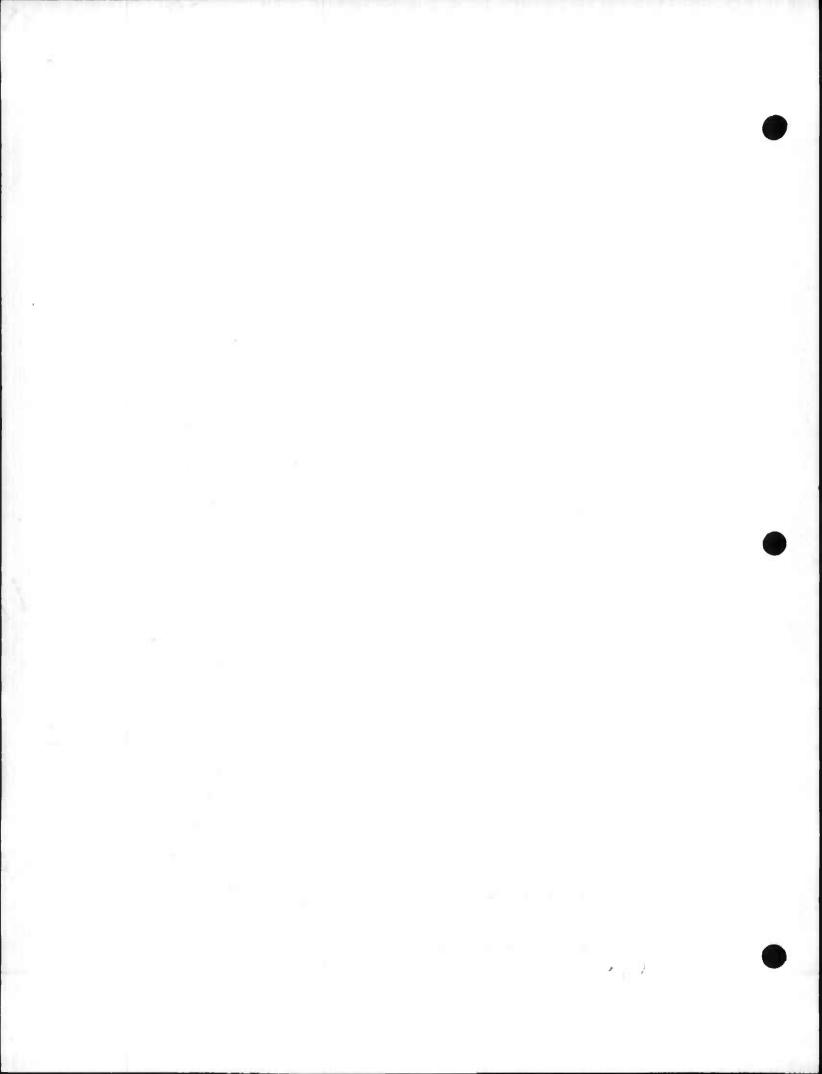
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DIVISION OF VITAL I	1

31. DATE FILED (Month, Dey, Year)
FEB 1 7 1993

BE COMPLETED BY FUNERAL DIRECTOR	1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last) LINDSEY RUSSELL, LAMBETH  LINDSEY AMBETH  2.					Y YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		·	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Heat)	8. BIRT	MPLACE (State or Foreign The Carolina		
	90. FACILITY NAME (If not institution, give street Joseph Richey Hoseles) RESIDENCE OF DECEDENT		9b. C/	Baltimore	DEATN	9c. COUNTY OF	DEATH		
	10a. STATE 10b. COUNTY Maryland Ba	ltimore	10c. CITY, TOWN	iddle River			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER  2 Walkway Cour	t		101. ZIP CODE 21220		10g. CITIZEN OF USA	WHAT COUNTRY?		
	11. MARITAL STATUS  1  Never Married 2  Married 3  Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — An Black, Whit 1 YES, GIVE WAR OR DATES  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)						CE — American Indian, ck, White, atc. chy: White		
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	occupation e during most of working  iver	166, KIND OF BUS	BUSINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last) William D. Lambeth  18. MOTHER'S NAME (First, Middle, Meiden Surneme) Lillie Bettie Watson								
TO B	190. INFORMANT'S NAME (Type/Print) Sandra Lambeth Soul, Daughter  190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  312 W. Timonium Rd. Timonium, MD 21093								
	20e. METHOD OF DISPOSITION OO Burlal 2 Cremetton 3 Remov 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	al from State cometer	/	aith Cemeter Bruzdzinski 1407 Easter	y 2/16/93  Curveral Horn Ave. Bal	me PA	re Co., MD		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	23 PART I. Entar the diseases, or on shock, or haert failure. LI iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	NSEQUENCE OF):	er the mode of dying, au		atory arrest,	Approximate Interval Between Onset and Death I year		
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Pres fafic Caacan  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 DAM  1 V								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:								
	1 VES 2 NO- 27. MANNER OF DEATH  STatural 5 Pending		Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT			JURY OCCURED	Hospice		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	ACE OF INJURY — At home, term, street, fectory, office illding, etc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
TED									
COMPLETED		AN: To the best of my knowledge On the basis of examination end					e) end manner ee stated.		



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIEN			
100	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM M. LYLES							3. TIME OF DEATH  8:45 Pm		
	4. SOCIAL SECURITY NUMBER 218 14 1465	1 🔀 M 2 🗆 F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH 1, Pay Year) 5/05		. BIRTHI Country	PLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give street end number)  VA MEDICAL CENTER  FORT HOWARD					DEATH Sc. COUNTY OF DEATH BALTIMORE				
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  MARYLAND BALTIMORE								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2606 CHELSEA TERE	RACE			ZIP CODE 1216			U.S.		HAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	FORCES? 1 X YES 2 NO If ye			AS DECENDENT OF HISPANIC ORIGIN? (Specify types, specify Cuban, Maxican, Puerto Rican, stc.)  YES 2 XNO Specify:			fee or No— 14. RACE — American Indian, Black, White, etc.  Specify: BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of worklife. Do NOT use	SUAL OCCUPATION to done during most retired.)	N it of working	16b.	KIND OF BUS	NESS/INDUS	STRY	
- 1	17. FATHER'S, NAME (First, Middle, Last)	Lules			18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)		
TO BE	(190, INFORMANT'S NAME (Typo/Print)	inders lules	196. MAILING A	DDRESS (Street of	nd Number or Rural	Rgute Numb	per, City or Town	n, State, Zip C	ode) (	2/2/1
	20a. METHOD OF DISPOSITION 1 D-Buffel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	D. PLACE AND DATE OF filtery, crematory or othe	er place	Ha, a	OATI	20c. LO	CATION - CH	ty or Tov	on, State (n)
	21. SIGNAYURE OF FUNERAL SERVICE LIC	L. Pless	/	22. NAME AN	D ADDRESS OF FA	CUS VHS	S FL	BAL	A	Hone
									Approximate interval Batween Onset and Death	
NOI	Sequentially list conditiona, if any, laeding to immediate	OUE TO (OR AS A CONSEQUENCE OF):  OLD M. I.  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	CEREBELLAR ATROPHY DUE TO (OR AS A CONSEQUENCE OF):								
A.	PART II. Other significant condition	e contributing to deeth b	out not resulting in	the underlying	ceuse given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	1000	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDIC						_	1 YES 2 NO			OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO									
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation						YJURY OCCU	RED		
ED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. CERTIFIER 4 X7 2							oute Number,		
COMPLET	(Check only 1 X CERTIFYING PHYSI	CIAN: To the best of my know								end menner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	Smile, 2	m D		D-/8	MBER 298		29d. DATE S	SIGNED !	(Month, Day, Year)
	AUGUSTIN CHYU, M.	D., 9600 NO	RTH POINT		ORT HOW	ARD,	1ARYLA1	ND 210	52	
	FEB 17 1993	32. BEGISTRAR'S SIGN	ndell.							



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DIVISION	OR ATTENDING A	DIRECTOR: After th
	OSPITAL	E FUNERAL
	THE H	품

Lorrie Zelesnici 31. DATE BEBYMOOTH, DBY, 1807/ 1993

	Items 12,17, per F					93	03/1/			
	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)  DOMINICK J.	1 7 TIICKV			2. DATE OF DEATH MONTH DATE 2-14-199		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 164-14-5484		1404	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH  (Month, pay Year)  8-6-19.18	8. B	, 2:50 A  IRTHPLACE (State or Foreign ountry) ennsylvania			
NC.	90. FACILITY NAME (If not institution, give at	4 4 5 5 5 5 5		GITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	-			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.	10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore								
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	of WHAT COUNTRY?			
ER.	134 S. Ellwood	d Ave.		21224		U.	S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW II	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1 VES 2 NO Spec	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, stc. Specify: hite				
8	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BUS					
COMPLETED	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	life. Do NOT use ret	done during most of working ired.)						
₹ V	12 yrs		Steel W		Steel					
	17. FATHER'S NAME (First, Middle, Last)	Lokuales	1110		AME (First, Middle, Meiden S		_			
BE	Dominick C.	- La	zusky		ette Neli					
2										
1	20a. METHOD OF DISPOSITION   XXBurdal 2   Cremation 3   Removal from State   4   Donation 5   Other (Specify)									
	21. SIGNATURE OF FUHERAL SERVICE LIC	R. Philip St		Moran-Ashto 3000 E. Bal	n Funeral	Home	. Inc.			
	23. PART I. Enter the diseases, or cashock, or heart fellure. I IMMEDIATE CAUSE (Threat disease or condition resulting in death)	Liet only one ceuse on each	lina.	enter the mode of dying, su	ch as cerdiac or reepir	ratory arrest,	Approximate interval Between Onset and Deat			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that tnittated events resulting in death) LAST	DUE TO (OR AS A COL								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 HO  1 1									
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	Check only one)					
SIC	EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Outputient		HER: Nursing Home 5 - Residence	6 Other (Specify)					
Y PHYSICIAN:	Netural 5 Pending									
TED BY	2   Accident investigation 3   Suicide 6   Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stree	t, factory, office	281. LOCATION (Street et City or Town, State)	nd Number or Re	irel Route Number,			
COMPLET		CIAN: To the beat of my knowledge R: On the basic of examination en					rse(e) end manner as stated.			
O BE C	290. SIGNATURE AND TITLE OF CERTIFIER	n B	Zi	LON 29K UCENSE N	4955	29d. DATE SIG	NED (Month, Day, Year)			

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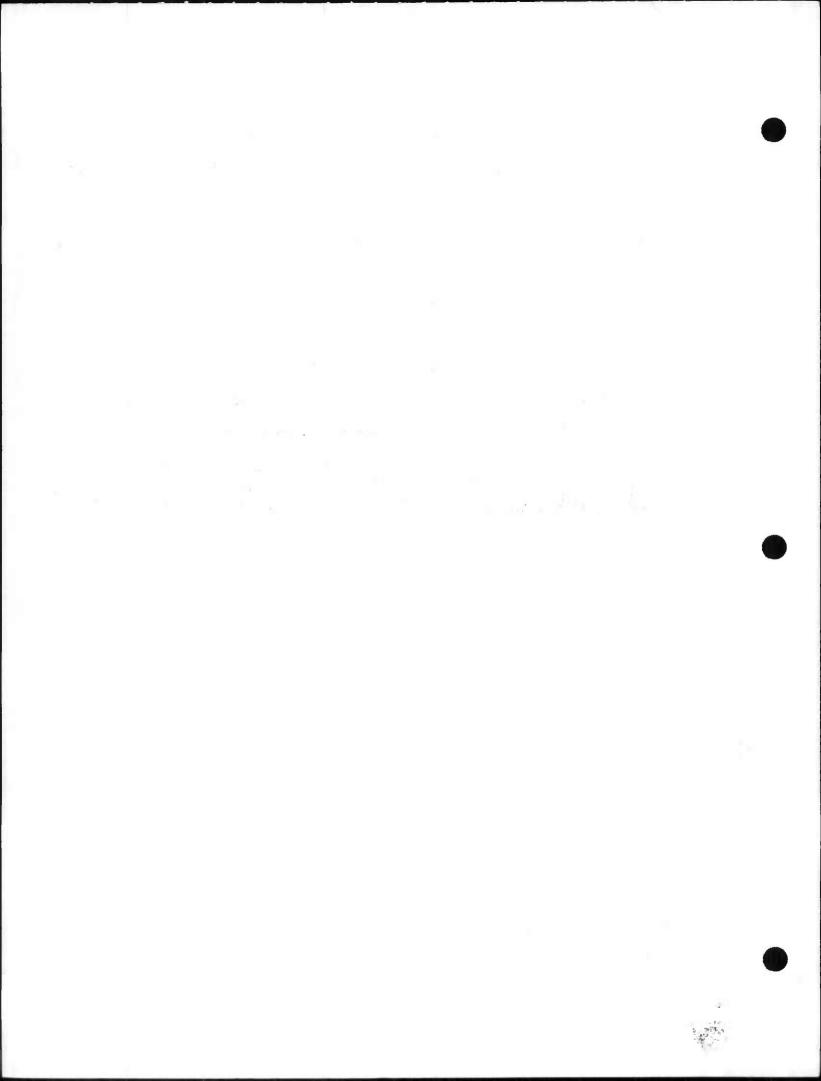
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1	1. DECEDENT'S NAME (First, I	Middle, Last)									2. DATE OF				3. TIME OF DEATH
	1														10:40 A	
2, 3 should		4. SOCIAL SECURITY NUMBER 062-12-63	74	5. SEX 1  M 2 <b>X</b> F		in yrs. lest bi		ONTHS E	YEAR DAYS	IF UNDER	9 24 HRS.	7. DATE OF (Month, De	BIRTH IV. Year)	03	8. BIRTH Countr	PLACE (State or Foreign Y) YORK
	стов	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE														
	ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d, INSIDE CITY			
permit. Pages	L DIRE	MD .	I	BALTIMO	RE_			DUI	NDA	ALK						1 YES 2 X NO
\$ <del>1</del>	ERAL	3126 YORK	WAY						101.	. ZIP COD	€ 2122	2	-	-	S.	WHAT COUNTRY?
020 physician. burial-transit	FUNE	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	D	13. WA	S DEC	ENDENT C	OF HISPANIC	ORIGIN? (S	pecify Yes o		14. RACE	- American Indian,
215-0020 attending physic se as the burial	D BY F	1 Never Married 2 N 3 Widowed 4 Divorce		FORCES? 1						2X NO		Puerto Rica	n, etc.)		Speci	WHITE
use a	ш	(Specify only		CATION completed)		16a. DECE	DENT'S US kind of work NOT use n	k done dur	UPATIO	N st of workir	ng	16b. KIN	ID OF BUSI	NESS/IND	USTRY	
N = 2	COMPLET	Elementary/Secondary (0-1 12	12)	College (1-4 or 5	·)		FICE		RAV	EL)			U	.s.	GOV	'Т
A de de	SON	17. FATHER'S NAME (First, Mid								10. MOT	HER'S NAMI	E (First, Midd	e, Maiden Si	urname)		
₹ å ã <b>₹</b>	ш	CHARLES		<u> </u>								ICTO				
MORE, MA ie 6 may be retain rector, page 5 sho must be notific		PATRICIA	TULA	AR								ALK,		State, Zip		
		20a. METHOD OF DISPOSITIO  1 Durial 2X Cremation  4 Donation 5 Other (S	3 🗆 Remo		GR	PLACE AND	MT.	CREN	TAL	ORY		/16	BAL			wn, State , MD •
SALT r death. re funera al.		21. SIONATURE OF FUNERAL	M P	ENSEE EDIS		M.PE 0008		BK	AD	LLY.	-ASH	LON 1	UNE ING I	RAL ROAI	HOM D. DU	E INC.
ours after or remove		23. PART i. Enter the dis	easea, or c	complications the	t ceused	the deeth	. Do not									Approximata
24 h fille the		IMMEDIATE CAUSE (Fina disease or condition reaulting in death)	i	-												Onset and Deat
executed within and completely burial, cremar matic event,	1	reading in death)	,	Bron OUE TO	(OR AS A	CONSEQUE	ENCE OF):				-/	(0			/	4 4/
oe execution and control and and control a	CATION	Sequentially list condition if any, leading to immediate	ate	DUE TO	OR AS A	CONSEQUE	NCE OF):		0	د ار	deit	(12	rains	leng	Cerik	da 1/24/9.
physici physici one prio	FICA	cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A	CONSEQUE	NCE OF):							Stroke 1/24/9		
Hyging H	ERTIFI	resulting in deeth) LAST		d												
The property injury.	I C	PART II. Other aignificent	t condition	a contributing to	death bu	ut not reși	uiting in 1	the unde	rlying	Ceuse (	given in Pa	ort i. 24	. WAS AN AI	UTOPSY	24b.	WERE AUTOPSY FINDINGS
signed by Health and	EDICAL	Carcin			Sone			SCE				_	PERFORM	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W regular	AN: W											-				1 YES 2 NO
	CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					26. PL	ACE OF D	EATH (Check	k only one)				
	PHYSI	1 TYES 2 NO		1 Inpatient 2		ntient 3 🗆		THER:	g Home	5 X Re	eidence 6	Other (Sp	ectly)			
NG PHYS Ter may with the	ву рн	27. MANNER OF CEATH  1 Natural 5 Pe 2 Accident Im	ending vestigation	28a, DATE OF (Month, D		2	8b. TIME C	Y	IG. INJU WOI 1   Y			ed. OEŞCRII	BE HOW INJ	URY OCC	UREO	
OR ATTENDING ORECTOR: After Sours after death term 28 is ma	8		ould not be itermined	28e. PLACE O building,	F INJURY . atc. (Special	— At home,	ferm, atre	et, fectory	, office		2	City or To	N (Street and wn, State)	d Number	or Rural R	oute Number,
로 크 로 부	COMPLET			CIAN: To the best of R: On the basis of ea												and menner as stated,
<b>医医胃</b>	BE	296. SIGNATURE AND TITLE O			mI	$\circ$					NSE NUMB					(Month, Day, Year)
2 P 2 M	0	30. NAME AND ADDRESS OF F			SE OF DEA	TH (ITEM 2	7) (Type, Pri	int)		0	1.1	B	Of	had	71-	17222
		31. DATE FILED (Month, Day, Ye		SizyBEGINTAA	R'S SIGNA	MBE.	16 /	MICKY	1//	12	NIV C	<u></u>	acr.	/ / la		12-0
		31. DATE FILED (Month, Day, Yes	993	gura va	SCOOL.	Sp. Day										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		4. SOCIAL SECURITY NUMBER	1 r	SE (In yrs.	last birthday)	IF UNDER	YEAR DAYS	IF UNDER 24 H		Month, Dey			8. BIRTHPL	ACE (State or Foreign RYLAND
pinous		212-28-0898 Sa. FACILITY NAME (If not institution, give		0	YRS.	AL OUT			-	7-11	1-1			
3 \$40	œ	SHADY GROVE H						R LOCATION O				200	ONTGO!	
1, 2,	CTOR	RESIDENCE OF DECEDENT	SPIIAL										711001	
2008	DIRE	MD 10a. STATE 10b. COUN	MONTGOMERY		10c. CIT	v, town of RC	CKV	ILLE					10	Id. INSIDE CITY
permit. I		10e. STREET AND NUMBER					_							☐ YES 2 ☐ NO
	FUNERAL	299 HURLEY AV	ENT IE				101.	ZIP CODE	850			_	en of wha JSA	AT COUNTRY?
020 physician. burtal-transit	S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S.	ARMED	13. W	AS DECE	ENDENT OF H		RIGIN? (Sc	activ Vee			American Indian,
5-0020 nding physician is the burial-tra		1 Never Married 2 Married	FORCES? 1 XXX	ES 2		H	yes, spe	Cify Cuben, N	lexican, Pu Specify:	erto Rican	, etc.)		Black, W Specify:	Vhite, etc.
215-0 attending se as the	р Вү	3√√ Widowed 4 □ Divorced		_	WWII - 15 Ag No specify.									WHITE
	TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a.	(Give kind of vittle. Do NOT us	vork done di				16b. KINI	OF BUS	HNESS/IND	USTRY	
CA <sup>™</sup> 5	12	Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)			UPER\	/T.SO	R			II.	J.S. POSTAL SERVICE		
YLAND on the hospital be detached to all once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)								irst, Middle				
Y Pe	BE C	SAMUEL LEV	Ÿ		16. MOTHER'S NAME (First, Middle, Maiden Surname) DORA STEIN									
MARYLAND retained by the hospit 5 should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	F	MR LEONARD				14 St	JPRE	ME CT	GAI	TEHR	SBUR	RG, MI	208	78
C # 5 #		20a METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Res	movel from State			AND DATE OF DISPOSITION (Norme of CATE SPARI) 20c. LOCATION — CITY SPARI SPARI 2—14—93 R								
'IMO Page 6 il directo		4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL BERVICE L	ICENSEE	OHR	KNESS			O ADDRESS (			2-1	.4-93	ROSE	DALE, MD
ALTIN death. Pag tuneral di d.		· / hul N	1 7				SO	L LEVI	ENSON	& B				
	-	23 DAGT I Solve the states of	au XI	in										21215
nours after d in by th or remova			List only one cliuse on	each i	line.	iot enter	ine mod	se or aying,	such as	cardiac	or respi	ratory arm	est,	Approximata interval Between
y fille ation,		IMMEDIATE CAUSE (Final disease or condition	A:-		T-	01								Onset and Dec
ted within completely ial, cremat event, t		resulting in death)	DUE TO (OR A	S A CON	ISEQUENCE OF	F):	reer	and.	nea	_				
68760, ecuted with ind complet burial, cren atic event	Z	Construction Has accordance	a Ceret	ral	V930	u Ces	et	1300	ce.					
OX 68 be execute sician and c rior to buria traumatic	CERTIFICATION	DUE TO (OR'AS A CONSEQUENCE OF):  Ceretral Vascular each searce  Due to (or As A consequence of):  Ceretral Vascular each searce  Due to (or As A consequence of):  Cause. Enter UNDERLYING  CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
BC ficate physic ne pric	걸	CAUSE (Disease or injury	c. Corer	S A CON	SPOUENCE OF	1/1	210	7 //	150	43	2			-
P.O. The certification of the	FH	that initiated events resulting in death) LAST	Dich	-t	e W	uli	1.1	_	Time	-	7			j
DS, F e death the atter Mental		DADT II Other cignificant condition	6. /2/2/		out not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WER									
y and by	MEDICAL	PART II. Other significant condition	11			n the und	derlying	cause give	n in Part	i. 24a.	WAS AN	AUTOPSY MED?	AN	ERE AUTOPSY FINDING MILABLE PRIOR TO
ulres the signed Health a	à	Scal June 1	Hypogly	1 6.63	ome relection,						YES 2	NO	OF	OMPLETION OF CAUSE F DEATH?
St. of a	N N	1 11 nogra	1. phili		W	up !	7 an	my	elle	7			1	YES 2 NO
1 6 0 0 0	A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEAT	H (Check or	nly one)				
VITA AN: The tificate ha e State D rr item 2	SICIA	EXAMINER?	HOSPITAL:	utpatieni	3 🗆 DOA	OTHER 4 Nursi	:	5 🗆 Reside			ncffv)			
-	РНҮ	27. MANNER OF OEATH	28s. DATE OF INJUR (Month, Day, Year		28b. TIM		28c. INJL WOF	JRY AT			-	NJURY OCC	URED	
7 35 1	BY	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 N	0					
S EN	ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At Specify)	t home, farm, s	dreet, facto	ry, office		281.	LOCATION City or Tox		nd Number	or Rural Rout	e Number,
OR A DIRECT DIRECT Hours				:-								_		
	COMPLET	(Check only	SICIAN: To the best of my kn											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I		29b. SIGNATURE AND THILE OF CERTIFIC	IER: On the basis of examina	NION MIKE	/or investigatio	n, in my op	ernion, de			date and	place, and			
물 물 물 등	BE	18	14	21	n			29c. LICENSE NUMBER			29d. DATE	SIONEO (M	onth, Day, Year)	
2 2 3 3	2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	OEATH (	ITEM 27) (Type,	Print)		0 00	6/6		2,	0	_//	20575
	}	Christopho	- Sche	mi	11.84	9.B	Dur	nee (	Ircha	enol !	Slvd.	Gai	theis	burg MID
		31. FEB 17 1993	32. PEGISTRAR'S SA	NATUR TO THE							-/	/ -/		1.00
		/			_									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

93 03719

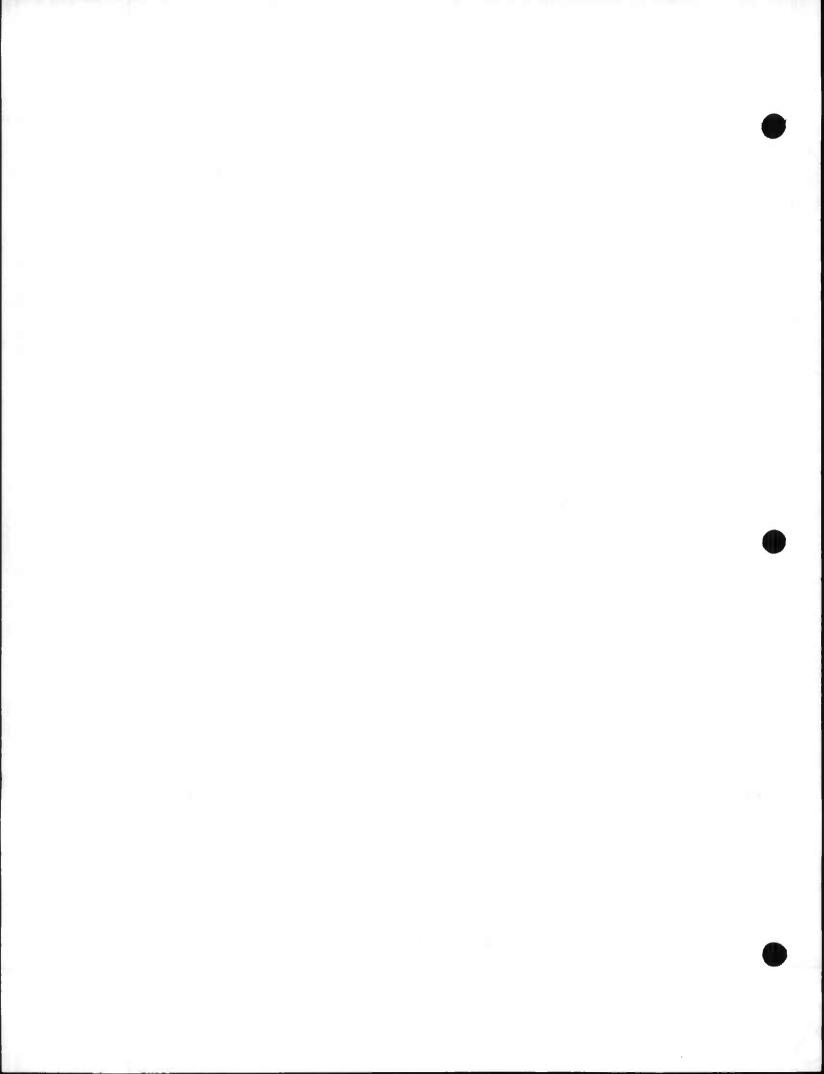
3. TIME OF DEATH

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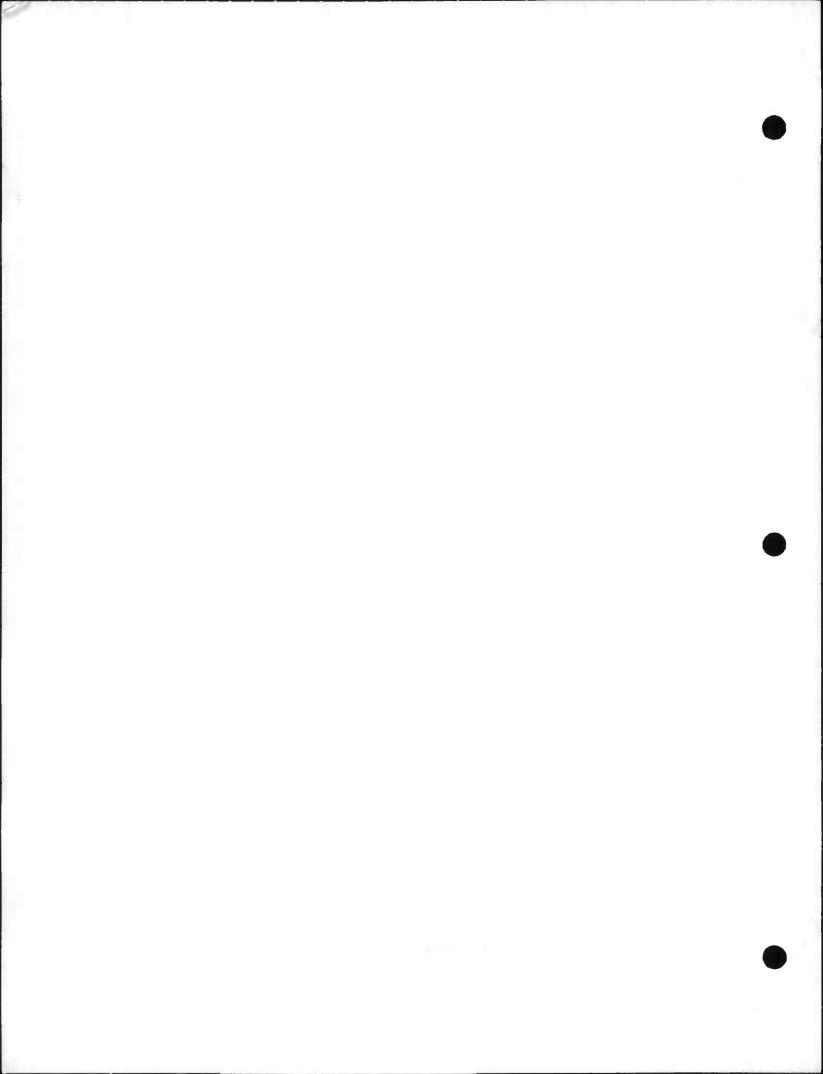
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Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?



		FOR 1 _ STATE	STATE OF I	MARYLA	ND / DEPA	RTMENT C	)F HEALTI	I AND I	MENTAL HYGIE	NE	93 0312		
	1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	0	10	-	JENNIE		TH	REG. N 2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH		
	10	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (III	n yrs. lest birthday 85 YRS.		EAR IF UND AYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)				
2, 3 should	NC.	9a. FACILITY NAME (If not institution, given BRIGHTWOOD MERII		ING H			WN OR LOCAL			NTY OF DEATH BALTIMORE			
Pages 1,	LETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN  MARYLAND	тү			TY, TOWN OR I					10d. INSIDE CITY X LIMITS?		
nsit permit.		100. STREET AND NUMBER 4001 CLARKS LANE	E, APT. 51	11		DAULLIA	101. ZIP CO	DE 215			1 € YES 2 □ NO IZEN OF WHAT COUNTRY? USA		
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 Married 3 WWidowed 4 Divorced	12. WAS DECEDER FORCES? 1 IF YES, GIVE V	T EVER IN	2 XNO	lf ye		en, Mexica	NC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yes or No—	14. RACE — American Indian, Black, White, etc. Specify:		
21215- tal or attendi		15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5	+)	life. Do NOT	f work done duris use retired.)	ng most of wor			L SECU	JRITY		
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	E COMP												
be retained to ge 5 should motified	TO BE	19a. INFORMANT'S NAME (Type/Print) MRS EVELYN LII	EB				ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  LOWLAND CT. CARMICHAEL, CA 95608						
BALTIMORE, er death. Page 6 may be the funeral director, page val.	į	20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Committee)  20b. PLACE AND DATE OF DISPOSITION (Name of Committee)  20c. LOCATION — City or Town, S  20c. LOCATION											
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		Sydney L.	Itelly	ian		SO 60	L LEVI 10 REI	NSON STER	& BROS.,	BALTO	D., MD 21215		
d within 24 hours after or cemation, or remove the medical event, the medical		Approximate the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or/heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS CONSEQUENCE OF):											
th certificate be executed that certificate be executed tending physician and con all Hygiene prior to bunal, or other traumatic executions.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
KECOKDS, requires that the been signed by the t. of Health and Me shows any inju	MEDICAL	PART II. Other significant condition in the Marketine of	ons contributing to	death bu	nt not resulting	in the winder	rlying cause	given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
VIIAL  SIAN: The law intificate has b he State Dept.  or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO	HOSPITAL:	☐ ER/Outpa	itlent 3 DOA	OTHER:	6. PLACE OF	7-11	6 Other (Specify)				
this ce with the	BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	FINJURY Day, Ybar)	28b. Ti	ME OF 284	WORK?		28d. OESCRIBE HOV	V INJURY OCC	CUREO		
TENDING OF After The After	ED	3 Suicide 6 Could not b determined	building,	etc. (Specif					City or Town, Sta	te)	or Rural Route Number,		
The second second	COMPLET		NER: On the basis of s				on, death occ	ured at the	time, date and place,	end due to th	ne cause(e) end manner es stated.		
TO THE TO THE DE FINE DE FIED MPORTANT: I	TO BE	30. NAME AND ADDRESS OF PERSON V	Mary n	SE OF DEA	TH (FTEM 27) (Tv.	e. Brint)			9212	•	E SIGNED (MONTO, DIN, Year)		
		Robert.	52. REGISTRA	AR'S SIGNA	14 Me.	died (	ati 6	Blog	, Bd	et m	cl 2/20/		
		31. DEEB (Monto, Day, Year)	O ne David	on-19	indese								



LOSTIC G C SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 213-05-9836 1 M 2 F 86 use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Baltimore, Md. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Baltimore FUNERAL 10s. STREET AND NUMBER 3037 Linwood Avenue hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 | YES 2 | (NO BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached 8 17. FATHER'S NAME (First, Middle, Last) To George F. Lee page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Margaret Lee 6966 Mt. pe 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cramation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must director. Parkwood Cem examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral HUI ASTAIR RD the f medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, filled in by shock, or heart failure. List only one cause on each line. 0 **IMMEDIATE CAUSE (Final** event, the cremation. disease or condition\_ Signedard physician and completely 20140CSZQNSN executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial, Atheroscieratio traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTEMBING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten Mental F Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL been signed by the has been signe Dept. of Health n 23 shows a PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem HOSPITAL: certificate Stafe OTHER: 1 TYES 2 NO 2 8 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? this c marked. 1 Natural
2 Accident 1 YES 2 NO BY death Ather 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) .11 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL MITTER PORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jason Tate, M.D 9000 Franklin Square Drive, Baltimore, MD 21237

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

G.F

93 03721 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR February 1943 1:10 14 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 03/15/06 England 9c. COUNTY OF DEATH Baltimore 10d, INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White Director of Transportation Mass Transit Auth. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Bett 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vista Rd. Kingsville, Md. 20c. LOCATION - City or Town, State Baltimore. Md. 22, NAME AND ADDRESS OF FACILITY RAL HOME BALTO, mo 21236 Approximate Interval Betw Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 - YES 2 NO 1 | YES 2 | NO 28. PLACE OF DEATH (Check only one) e 5 🗆 Residence 6 🗆 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFICATE OF DEATH

LEE

IF UNDER 24 HRS.

10f. ZIP CODE

21234

Specify:

2/15/93

Arten

29c. LICENSE NUMBER

1993

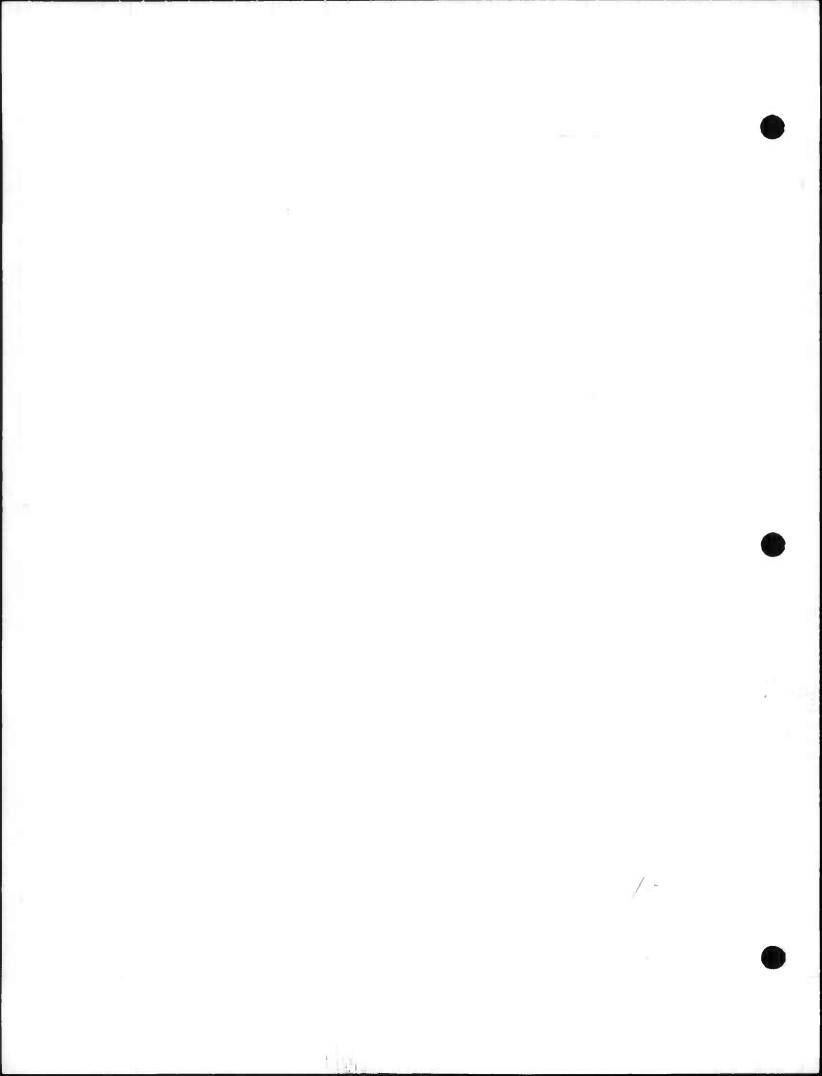
29d. DATE SIGNED (Month, Day, Year)

February 11

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ltem 1,	per In	nformant,	G-697	7, 3/8/	/93 g	gn						93	03/22
	1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	ICAT	T OF H	DEA	AND I	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First		110	2015						2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
		llen A	Is. sex	URE							2-12-	93	TEXA	3:50 P
9		4. SOCIAL SECURITY NUMBER 218 30 5092			s. last birthday) YRS.	IF UNDER	DAYS	IF UNDE	24 HRS. MIN.	7. DATE OF (Month, I		Year) Co		HPLACE (State or Foreign stry) rginia
	9e. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY	r, TOWN (	OR LOCATI	ON OF DE			_	INTY OF	
E C	Franklin	n Squa	re Hospit	cal		E	ssex	/Ros	edal	e		Bal	time	are
5	RESIDENCE OF DE											1 54.1	0 11.10	71.0
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d. INSIDE CITY LIMITS?	
	Md.		imore		Es	sex								1 YES 2 NO
FUNERAL							101	f. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
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										CE — American Indian, ck, White, etc.				
B	3 Widowed 4 Dive	orced	Korea		yes		1 TYES	2   NO	Specify	<i>f</i> :			Spe	olly:
8	15. DEC	EDENT'S EDU	CATION		DECEDENT'S					16b. K	IND OF BU	SINESS/IN	DUSTRY	White
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<u>=</u>	12				Cab D	rive	r							
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)		
BE	Theodore		elt Moor	e						_	V	righ	t	
2	19a. INFORMANT'S NAME (	ni.								Route Number,				
	Bernice N			_					Dri	ve,Bal	_			
	20a. METHOD OF DISPOSITION 1 Burla! 2 Cremation 3 Removal from State 4X Donation 5 Other (Specify)  1 Burla! 2 NAME AND ADDRESS OF FACILITY  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State 20c. LOCATION — City or									fown, State				
1 1	X	11/	Ronal		16/93	- 1				h.	State	Ana	atom	y Board
1	annull	1110	Mel							re St				201
	21 PART I. Enter the d shock, or h MEDIATE CAUSE (Fit disease or condition resulting in death)	eart failure.	List only one cau	ise on each	Ilne.						c or resp	iratory ar	rest,	Approximate Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated events resulting in death) LAS	diate ING Iry	C	(DH AS A CO	NSEQUENCE O	F):	-9	a	7 2 4					
الخا	PART II. Other significa	nt condition	s contributing to	death but n	ot resulting	In the ur	nderlying	g cause	given in	Part I. 2	ta. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
2	I Schemme	- Con	rdia meso	matt	1	+	C.H.	F			PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	Pialite	mel	Cita	with	tet	Thou	oall	_		_   '	I TES 4	LIPINO	ı	OF DEATH?  1 YES 2 NO
	nephron	aft	la marano	lands.	04-0	100		11	lisa					
X	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		feer vog		- 01-	26. PL	ACE OF D		ack only one)				
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatier	H 3 000	OTHE1		10 5 □ Re	reldence	6 Other (	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	0.25	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJ	URY AT		28d. DESC	IBE HOW I	NJURY OC	CURED	
B	1 Natural 5 Accident	Pending investigation				М		YES 2	ND					
3 Suicide 6 Could not be 28e. PLACE OF INJURY — A home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, building, street).									Route Number,					
COMPLETE			ICIAN: To the best of a											(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NUW	IBER		29d, DA1	TE SIGNE	D (Monthy Day, Year)
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10	30. NAME AND ADDRESS OF	1 1	O COMPLETED CAU	DIAL S		Ba	14-		mn		_/2	77		1.2
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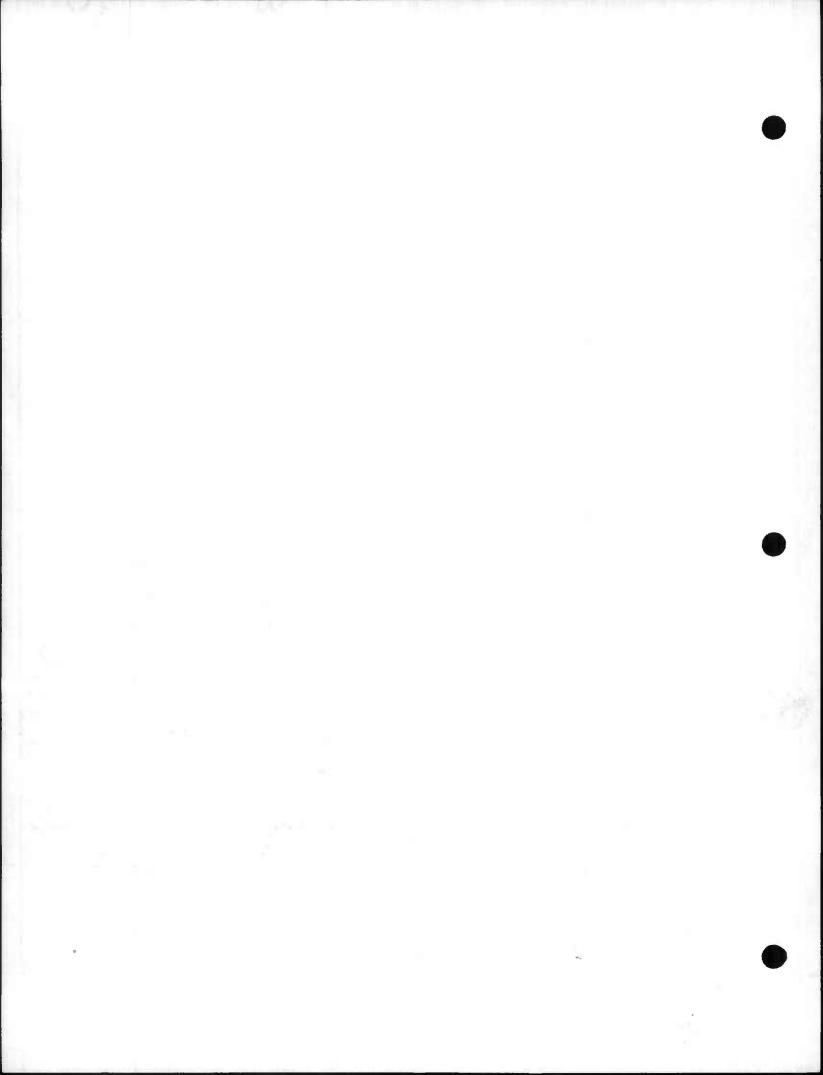
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1993

32. REGIST

RAR'S SIGNATURE

93 03723 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 Gladys Morris T. 14 9:01 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 16 215-32-0306 1 M 2 F 4 09 Maryland use as the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbour Inn Convalescent Cente Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland TYTYES 2 NO Baltimore FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 12F USA Druid Park Drive Lake hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 XNO Specify BY 3 ₩ dowed 4 Divorced Black. COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ed in by the funeral director, page 5 should be detached for or removal. Elementary/Secondary (0-12) College (1-4 or 5+) Seamstress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Williams 70 Esther BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Odessa Colon 740 Poplar Grove St. Baltimore, Md 21216 20a. METHOD OF DISPOSITION 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1) Buriel 2 Cremation 3 R PBaltimore, Md 2/20/ Zion Cemetery examiner 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St. Hurris Leroy Harris F/H Baltimore, Md 21217 medical 23. PART I. Enter the dis attending physician and completely filled in by entral Hygiene prior to burlal, cremation, or remo made, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batw IMMEDIATE CAUSE (Final Onset and Death event, the disease or condition resulting in death) END executed within MDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): DIAIYSIS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING that the death certificate be CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 the atten Mental injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY has been signed by Dept, of Health and 23 shows any 1 YES 2 NO aw fequites 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The 26. PLACE OF DEATH (Check only one) r this certificate ha Item OTHER: HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO PHYSICIAN: 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural L OR ATTENDING PH. L DIRECTOR: After this hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide ETED. 6 Could not be 28 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. COMPL THE HOSPITAL (
THE FUNERAL D IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of ex occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 1) 3/865 29d. DATE SIGNED (Month Day Year) BE 93 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED QAUSE OF DEATH (ITEM 27) (Type, Print) 21201



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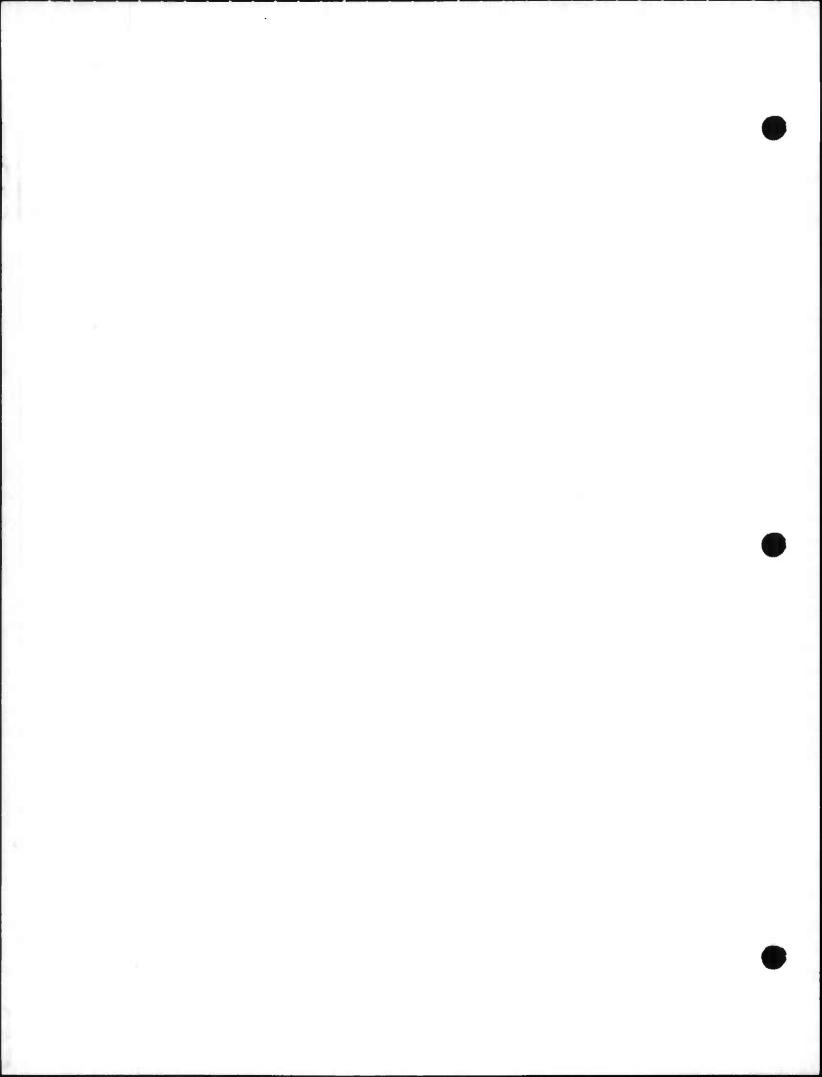
CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ROBERT EDWARD McGINNIS YEAR 8:00 P. M 993 FEB. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-30-4059 1 M 2 F NOV.25,1932 MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2019 SULPHUR SPRING ROAD BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? the burial-transit 2019 SULPHUR SPRING ROAD 21227 U.S.A. or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married WHITE 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 38 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) use detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12th GRADE PROJECT MANAGER CROWN ELECTRIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ WILLIAM FREDERICK McGINNIS à page 5 should be MARY ELIZABETH HOLMES notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 CAROLYN McGINNIS 2019 SULPHUR SPRING ROAD-BALTIMORE, MD. 21227 8 Pe 20s. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 C
4 Donation 5 Other (Specify) may 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must director, LOUDON PARK CEMETERY Page 6 BALTIMORE 21. SIGNATURE OF EMPERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY the funeral HUBBARD FUNERAL HOME, INC. leath. 4107 WILKENS AVENUE-BALTIMORE, hours after medical 23. PART i. Enter the diseases, or complicate filled in by that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only ne cause on each line. ŏ IMMEDIATE CAUSE (Final nd Death the cremation, disease or condition Lung has been signed by the attending physician and completely Dept. of Mealth and Mental Hygiene prior to burial, crematis Conces event, resulting in death) DUE TO OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 NO OF DEATH? Shows 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) r this certificate h item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO • 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, Natural 2 Accident 5 Pending investigat 1 YES 2 NO After the BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 149 3 Suicide 26f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: 4 Homicide 28 29e. CERTIFIER (Check only 1) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL ( 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, BE mo Colum C Water tiels 124356 93 2 13 ဂ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. WILLIAM C. WATERFIELD - 900 CATON AVENUE-ONCOLOGY DEPT-BALTIMORE, MD.

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



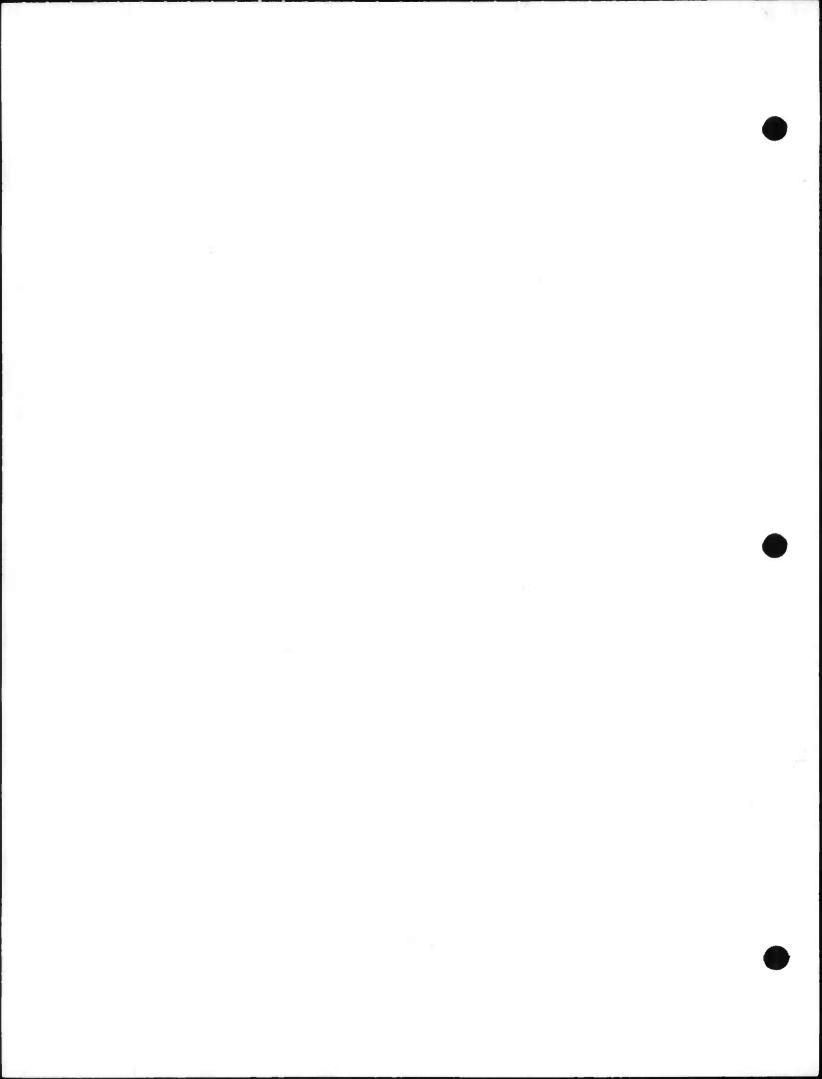
FEB 17 1993



BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physician.	
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DIVISION	TO THE HOSPITAL OR	

31. DATE (LED) MO] 177 01.1993

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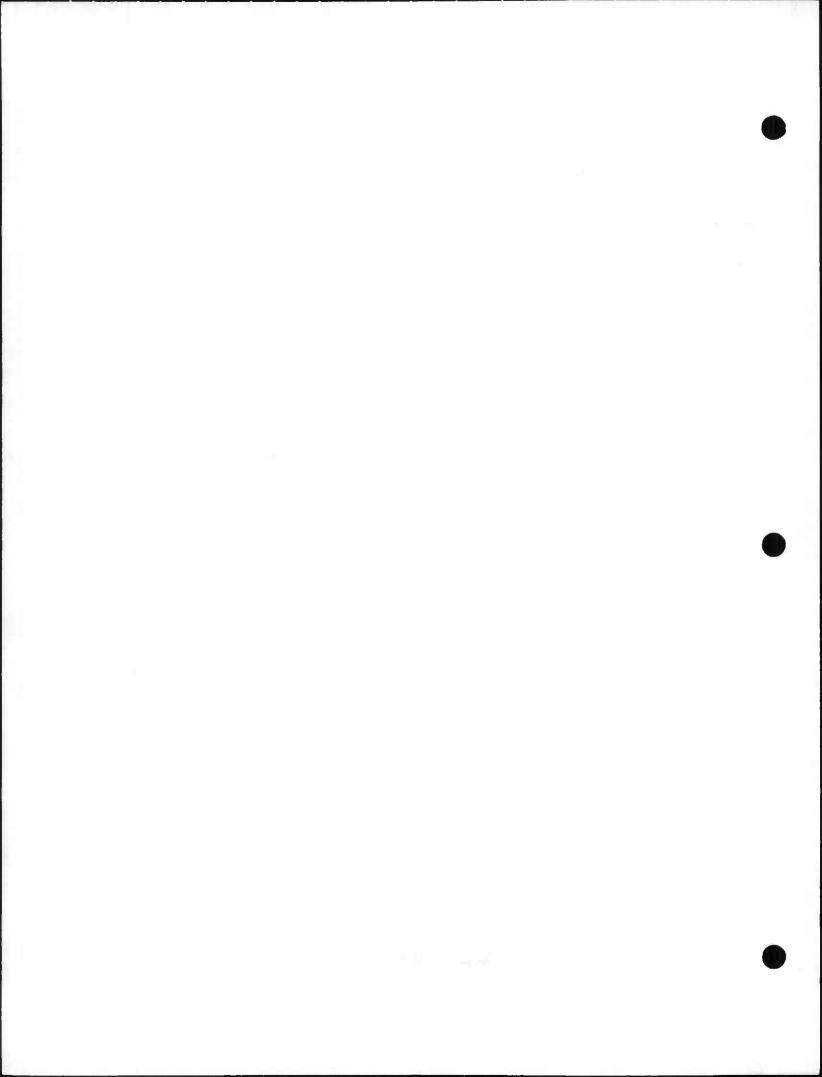


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may be r or, page 5 ust be n		John W. Morsberger	2	06. PLACE AND DATE OF D			E. Parkvil	Lle, MD	21234 wn. State	
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BALIIMOKE, after death. Page 6 may be the funeral director, page noval. cal examiner must be in	, , , , , , , , , , , , , , , , , , ,	21. SIGNATURE OF FUNERAL SERVICE LICENS	L. Hop	all	Joh:	nson Fun	eral Home		MD 21286	
be executed within 24 hours cian and completely filled in the for to burial, cremation, or refraumatic event, the medianum	RTIFICATION	23. PART I. Enter the diseases, or companies of the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B ( A i N  DUE TO (OR AS	each line.  Concer .  S A CONSEQUENCE OF:				atory arrest,	Approximate interval Between Onset and Death	
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law requires is been sign ept. of Heal 23 shows	SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			) M. PI	ACE OF DEATH (C)	PERFORM 1   YES 2	44	AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: The this certificate with the State	BY PHYSICI	28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)  28. PLACE OF DEATH (Check anly one)							C.E.	
PO BRIG	ETEO	3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYSICIAN	building, etc. (Sp		5000 (10.25 h) (10.		28f, LOCATION (Street or City or Reen, State)		Route Mumber	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE COMPL	296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  297. SIGNATURE AND TITLE OF CERTIFIER  298. SIGNATURE AND TITLE OF CERTIFIER  299. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER								
663 🗷	T0	30. NAME AND ADDRESS OF FEBOUR WHO CO	VIKAGEI	2 13.11.	" 2 300	Peler	, y 6-11	3 10	1. 21204	
		31. DATE FILED (Month, Day, Year)	4 Aulia Davida	A Rendalla	4					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	A hours after death, Page 6 may be retained by the hospital or attending physician.	this certification with a steeding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the state of th	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN Commence that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certification igned by the aftending physician and completely to find within 72 hours after death with the	IMPORTANT. If Item 28 is marked, or lies 23 white any injury, or other traumatic event, the medical examiner must be notified at once.

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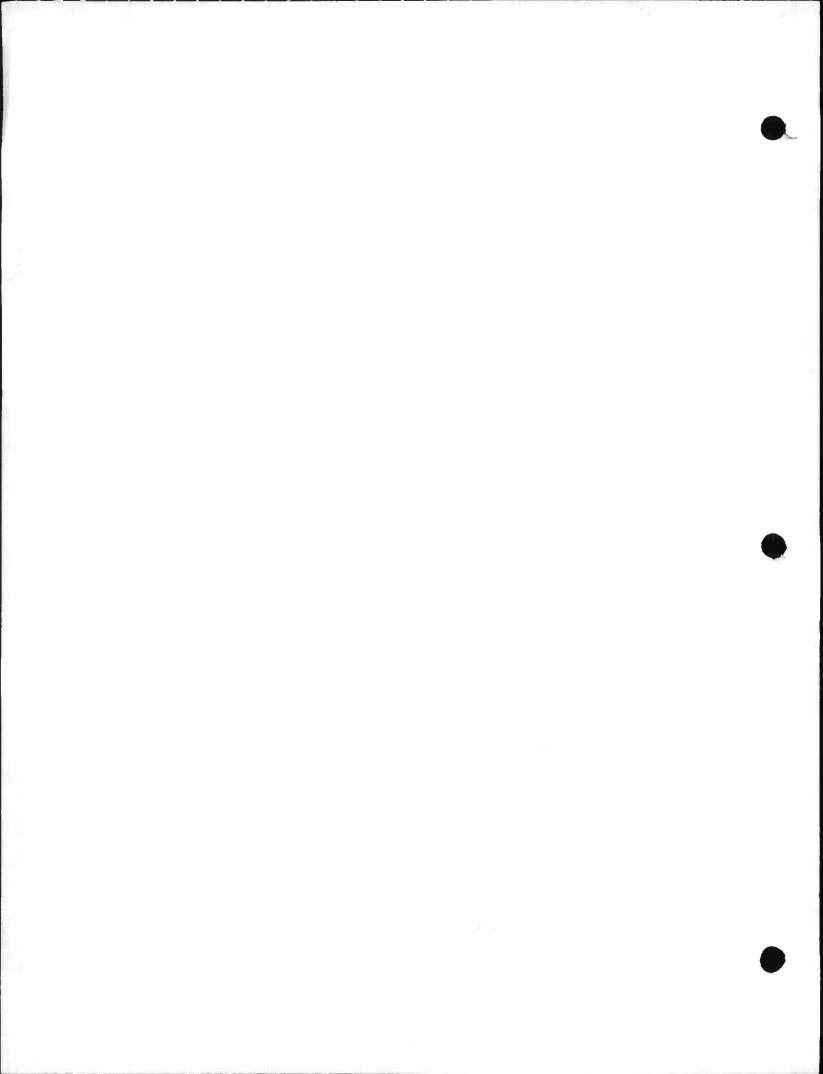
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	FOR 1 . STATE	STATE OF I	MARYLAND /	/ DEPAR	ITMENT OF	HEALTH A	ND ME	NTAL HYGIEN	E	93	03/2/	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICATE OF	DEATH	2.	REG. NO.			3. TIME OF DEATH	
	HELEN	I.	URPHY		02 1 5	, M	93	10:50 AM M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24		DATE OF BIRTH (Month, Day, Year)		0. BIRTHI	PLACE (State or Foreign	
9	212-30-0407	1 □ M 2-√2-F	88	YRS.	MONTHS DAYS	HOURS I	milita.	01/14/05		Country	inois	
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CITY, TOWN	OR LOCATION			9c. COL	INTY OF DE		
DIRECTOR	NORTH ARUNDEL HO	SPITAL A	SSOCIAT	ION	GLEN	BURNI	Е			A.A.	COUNTY	
HE	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
<u> </u>	Maryland Anne	Arundel		G1	en Burn	le					LIMITS?	
FUNERAL	10a. STREET AND NUMBER				10	1. ZIP CODE			10g. C/1	TIZEN OF W	HAT COUNTRY?	
EB	7885 Gordon Ct P	inewood A	Apt 600			21060				U.S.A	A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. WAS DE	CENDENT OF I	HISPANIC (	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.	
	1 Never Married 2 Married	FORCES? 1	FORCES? 1 YES 2 NO				If yes, specify Cuban, Mexican, Puerto Rican, etc 1 ☐ YES 2 ☑ NO Specify:			Black, White, etc. Specify:		
ВУ	3 Widowed 4 Divorced					346	.,,			Spocing.	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL OCCUPATE	ON set of working		166. KIND OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5	- 64	. Do NOT u	se retired.)	on or working						
MP		2 Years	Ног	ısewi	fe			Home	Make	er		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles Smith							(First, Middle, Melden Schultz				
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or	Aural Route	e Number, City or Town	n, State, Zi	p Code)		
ř	Charles E. Murphy 605 Dwight Drive, Pasadena, Md 21122											
	20a. METHOD OF DISPOSITION  10 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  218 Baltimore, Maryland											
1	21. SIGNATURE OF PUNERAL SERVICE LIN	CENSEE	- I HOIZ	Cro		ND ADDRESS	OF FACILIT	<u> </u>	timo	re. N	Maryland	
	Tickard	- CL	Tovis					George			Funeral e, Md 21225	
	23. PART I. Enter the diseases, or shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceu	Size on each line	uls	not enter the me	ode of dying	, such as	cardiac or respi	ratory ar	rest,	Approximate Interval Between Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and  CAUSE (Disease or injury that initiated events resulting in death) LAST											
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2	24. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	and the later of t		OTHER:	LACE OF DEAT	TH (Check o	only dreil				
ΥS	1   YES 2   1960	1 Impatient 2		-	4 - Nursing Hon	THE RESERVE TO BE STOLEN.	-	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH				
	27. MANNESPOF DEATH	28s. DATE OF (Month, D		29b, TIRE INJ	URY W	JURY AT	- 1200 - 1200 - 1200	d. DESCRIBE HOW IF	LIURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	M 1 VEB 2 NO  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					_	28f. LOCATION (Street and Number or Rural Route Number, City or Ewin, State)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINATION OF THE CHARLES OF THE C										and manner se stated.	

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	1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.									2-14-1993  7. DATE OF BIRTH (Month Dev Year)  Country			ACE (State or Foreign	
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3 should	œ	98. FACILITY NAME (# not in 2800 E. B.								ION OF DE	ATH		9c. COUN	ITY OF DEA	TH
1, 2,	СТОВ	RESIDENCE OF DEC	CEDENT		Baltimore										
Pages	AL DIRE	Md.	10b. COUNT		_		TY, TOWN O								0d. INSIDE CITY LIMITS? X YES 2 NO
permit.		104. STREET AND NUMBER				-	Jul C.	-	H. ZIP COD	Œ		-	10g. CITIZEN OF WHAT COUNTRY?		
	E	2800 E. B.	Altim	ore ST					21	224			U	.S.A	
215-0020 attending physician. use as the burial-fransit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. A 1 YES 2 W WAR OR DATES		1	f yes, sp	pecify Cub	of Hispani en, Mexicen Specify	n, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE - Black, Specify: Whi	
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	PLET	Elementary/Secondary (6	)-12)	College (1-4 or 5	+)	Lear	ise retired.)					Own 1	Dugi:	2000	
AND the hospit detached detached	COMP	17. FATHER'S NAME (First, M	liddle, Last)			Беаг	iriig	_	18. MOT	HER'S NAM	ME (First,	Middle, Maiden		ness	
# & & Z	ш	James W	. Car					Ge	erti	n Ma	ae Par	rris	h		
MA retain 5 sho	TO B	Earlene		S								ber, City or Tow			21224
o be		20s. METHOD OF DISPOSIT	ION				OF DISPOS			IOTE		E 20c. LO			
Feet 6		1 Burisi 2 Crematic 4 Donation 5 Other	(Specify)		Gree	n Mo	ount	Cr	emat	ory	2-			-	
		Green Mount Crematory 2-16-93 Balto., Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perking. NAME AND ADDRESS OF FACILITY  MOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83 MOOOO83													
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RECORDS, requires that the de- een signed by the at of Health and Men- shows any injury.	MEDICAL										_	1 TYES 2	□ NO	0	OMPLETION OF CAUSE OF DEATH?
2 2 2	SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF 1	DEATH (Che	ick only o	ne)			
CAN	SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Num	t:		esidence				7-	
N N N N N N N N N N N N N N N N N N N	ву РНУ		Pending Investigation		Day, Year)		JURY M	1 [		NO	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
OR ATTENDRA DIRECTOR AN Ours affected tem 28 is m	ETED	4 Homicide	Could not be determined	28s. PLACE ( building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fact	ory, offic	ce			CATION (Street a or Town, State)	and Number	or Rural Rou	nte Number,
4 4 5 E	COMPL			ER: On the beals of											and manner as atated.
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	296. SIGNATURE AND TITLE	50	times	6				29c, LIC	172	O7		29d. DATE	1 1	fonth, Dey, Year)
		30. NAME AND ADDRESS OF THE Johns	Hop:	Kins D	JCO OGY AR'S SIGNATURE	Cente	e, Print)	60	)0 N	No.	1f0	street	- Œ	Bulto	Mb.
		FFD 4	93	Julia Berid	AN S SIGNATURE										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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detached for use as the burial-transit permit. Pages 1, 2.

The intending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ar the death certificate be executed within	by the attending physician and completely and Mental Hygiene prior to burial, cremat
REC	Ž	-
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Inc. of the continuate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been a mine amending physician and completely be filed within 72 hours after death with the State December and Minimal Hygiene prior to burial, cremate
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	berr	P- 0

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH McKen ZieDaniel I. YEAR Daniel 25 McKenize 93 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Country) 275-158-80 F222 56 56 DAYS HOURS XX M 2 - F YRS. 12-4-36 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Habor Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Md. Baltimore Baltimore FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2515 Sarrington Circle Apt. A 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced Spectly: Black BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-92) College (1-4 or 5+) Longshoreman ContainerCOMPant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Mary Williams McKenzie William McKenzie notified at 8 19a. INFORMANT'S NAME (Type/Print) Shirley McKenzie 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2515 Sarrington Cir. Baltimore, Md. 2 21207 pe 20a METHOD OF DISPOSITION

1 MBurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of celler programmed) of one place) 20c. LOCATION - City or Town, Stata Randallstown, Md. must 2-20-93 ☐ Donation S ☐ Other (Specify) event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21217 Leroy Harris F/H 638N. Gilmor 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest. Approximate shock, or heart failure. List only one rause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset end Deeth** disease or condition resulting in death) Respirator DUE TO (OR AS A COMSEQUENCE OF) traumatic CERTIFICATION rienes Sequentially list conditions, if eny, leading to immediata DUE TO IN AS A CONSEQUENCE OF S cause. Enter UNDERLYING ances CAUSE (Diseese or Injury DUE TO JOH AS A CONSEQUENCE OF or other that initiated events resulting in death) LAST Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? amy 19 00 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Rasidence | 6 | Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED is marked, Natural 5 Pending Investigation 1 YES 2 NO ¥ 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 200 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CHITE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M Js Solima AS2441614-29 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. immy 71 21225 man Idarber 31. DATE FILEO (Month, Day, Year) 31 RECISTRAN'S SIGNATURE FEB 17 1993

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OF VI	PHYSICIAN:	
DIVISION OF VITAL RECOMMS, P.O. BOX 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requi	
٥	HOSPITAL DE	
	TO THE	

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFIC	ATE OF		MENTAL HYGIEN		0 03/30			
		1. DECEDENT'S NAME (First, Middle, Last)	arolyn Merch	uber Wagru	der		2. DATE OF DEATH MONTH	<del>02-10-</del> 6-93	3. TIME OF DEATH			
2	8	067_38-3173	5. SEX 6. AGE (4)		UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS WIN.	7. DATE OF BIRTH (Month, Day, Year)	29	BIRTHPLACE (Slate or Foreign Country)			
. 2, 3 should	DIRECTOR	99. FACILITY NAME (If not institution, give	Ph Hospi	YAL "	Town	SON	MD.	BA	L+ MURE			
physician. burlal-transit permit. Pages 1.		10a. STATE 10b. COUNT	timore County		ger's I				10d. INSIDE CITY LIMITS? 1  YES 2 NO			
n. ansit perm	FUNERAL	100. STREET AND NUMBER 205 Murdock Road			101	21212		10g. CITIZEI	U.S.A.			
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14	Black, White, etc. Specify: White			
tal or attending for use as the	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) Callege (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo stred.)	st of working	16b. KIND OF BU					
the hospital detached for	COMP	17. FATHER'S NAME (First, Middle, Last)	3+ yrs.	Registe	red Nu	18. MOTHER'S NA	Medic ME (First, Middle, Maide)					
should be	TO BE	Benjamin Warren 19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street e	Corinn	e Helm Poute Number, City or To	vn, State, Zip Co	ode)			
ay be re page 5	1	Caleb C. Magrude:  20e. METHOD OF DISPOSITION 1 - Burlel 2 M Cremation 3 - Ren	20b.	PLACEANDDATEOF	DISPOSITION (Na	me of	oATE 20c. L	7	21212 y or Town, State			
Page 6 if director		Complete   Complete										
rs after death.  n by the funeraremoval.		John G. Reit:	The second second second second second	0	6500	York Ro	l. Baltimo	re, Ma	ryland 21212			
24 hour filled in or he me		23. PART i. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ceuse on ee	ch line.  WWONIA		de of dying, sucl	h se cardisc or resp	iratory srres	t, Approximate interval Batween Onset and Death			
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sician a	ICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	CONSEQUENCE OF):			lı.					
dending phy far Hygene i	CERTIFICATION	that initiated events resulting in death) LAST	d.	UE TO (OR AS A CONSEQUENCE OF):								
supplied to the search find th	4	PART II. Other eignificant condition	ns contributing to deeth bu	t not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
has been sign Dept of Hear	N: M								1 TES 2 NO			
SICIAN: The certificate har the State D	PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che						
PHY this with	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r Wo	URY AT RK? (ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUP	IEO			
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma		2 Accident any auguston 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)										
西山の日	COMPLETED		ICIAN: To the bast of my knowle ER: On the basis of examination									
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Mohoo	STAPP	-	29c. LICENSE NUN	1263	29d. DATE S	IGNED (Month, Day, Year) Z-16-93			
	F	30. NAME AND ADDRESS OF PERSON WI	TO KHOO			1 HOSPI	TAL					
		31. DATE TEEB 17 1993	ST. RECHTRAR'S SIGNA	YRE .								



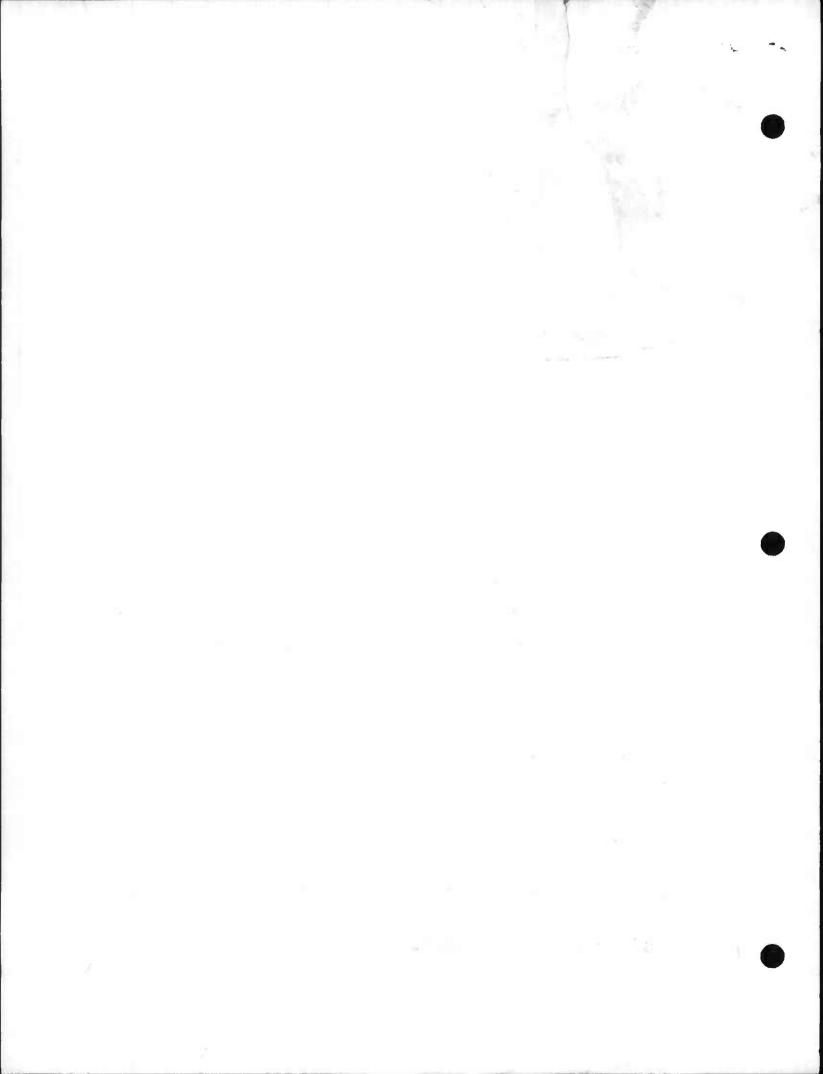
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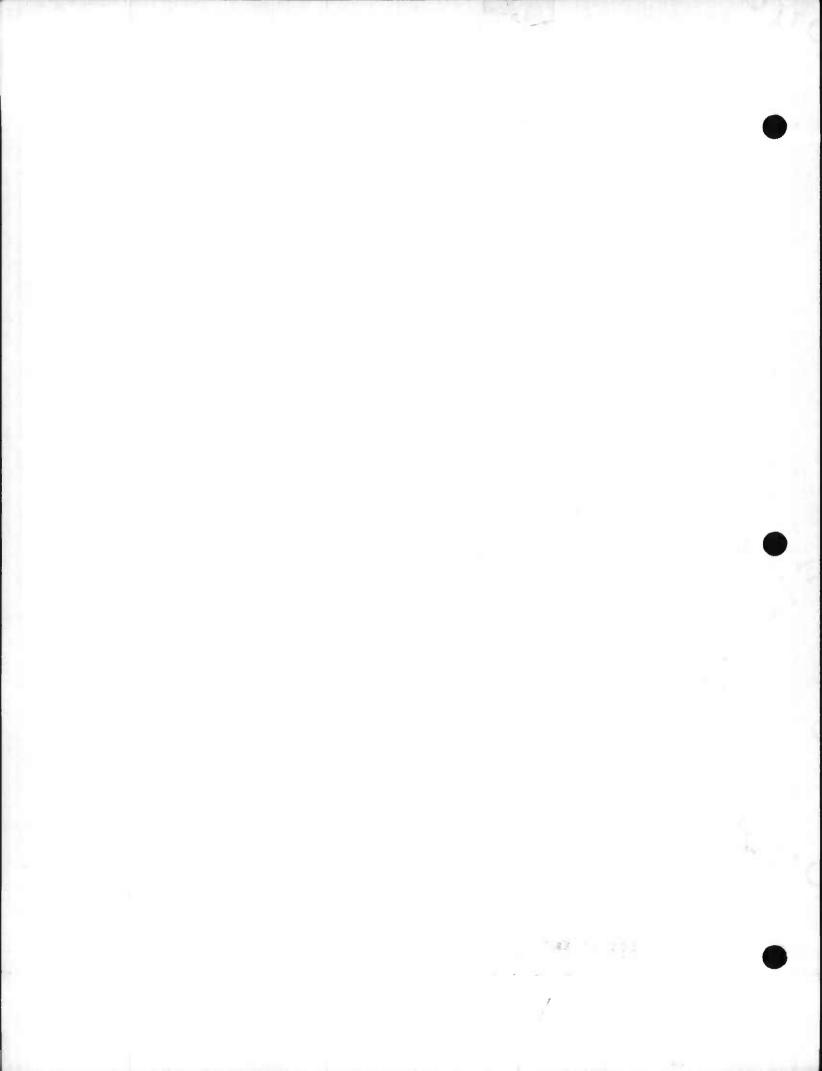
1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH 3. TIME OF DEATH							
MARTHA ROSEMARY MORAN	2-9-93 DAY YEAR 5:15 F	p •						
4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F F S. SEX  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF D		a						
North Arundel Hospital Association Glen Burnie  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION	Anne Arundel							
Maryland NA Baltimore  100. STREET AND NUMBER  1914 Breitwert Avenue, 212	M∑ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?							
No. of the specific Cuben, Maxical Status  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   VES 2   NO	ANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, can, Puerto Rican, etc.)							
	Barr-Stafford Co.							
ステル Henry O'Neil   Marth	NAME (First, Middle, Meiden Surneme) ha Gabrielle McCluskey							
New Cathedral Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker    A   Donation 5   Other (Specify)   New Cathedral Cemetery								
23. PART i. Eleter the diseases, or complications that caused the death. Do not enter the mode of dying, such that the shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  O  Sequentially list conditions,  Sequentially list conditions,	ch as cardiac or respiratory arrest,  Approximate Interval Between Onset and De	прел						
O D BORNE TO THE RESUlting in death) LAST dutte Renal failu	emonary disease							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO							
EXAMINER?  1 YES 2 NO  EXAMINER?  1 Pinpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence								
2 Accident   Investigation   M   1   YES 2   NO    2 Accident   Accident   Suicide   Suicide   Accident   Al home, farm, street, factory, office    28e. PLACE OF INJURY — Al home, farm, street, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
PERSON ONE) 2 MEDICAL EVANIMED OF the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole of an analysis of the hole	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
ERRENT OF CONTOS OF BOTTON M. D. D42	JMBER 29d. DATE SIGNED (Months Day, Year)	-						
Dr. Christopher DeBorja, M.D., 3708 Mountain Road  31. DATE FILEO (Month, Day, Mar)  32. REGISTRAR'S SIGNATURE	, Pasadena, Maryland 21122							

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	The second secon	Patricia D. Moore				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Febr	BIRTH	4,1993	_	1:20pm
	577-74-3190	1 🗆 M 2 💢 F	41 YRS.	MONTHS DAYS	HOURS MIN.	12/1	Day, Year) 1/1951	Se	Ima .	Alabama
RECTOR	9a. FACILITY NAME (If not institution, give street and number)  10701 WIMPLE PLACE  CHELTEN					N OR LOCATION OF DEATH  ENHAM  PG				
	RESIDENCE OF DECEDEN  10a. STATE 10b. CO		10c. CI	TY, TOWN OR LOCA	ITION				104	INSIDE CITY
PHO	MD	PG		HELTENHA					100	LIMITS? YES 2 NO
3AL	100. STREET AND NUMBER	E D7 1 GE		133	of. ZIP CODE			10g. CITIZEN		COUNTRY?
FUNERAL	10701 WIMPI	LE PLACE  12. WAS DECEDENT EVER	R IN II S ADMED		20623	MC OBIOINS	Manada Manada	USA		and the first of
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2  NO Specify:				14. RACE — American Indian, Black, White, etc.  Specify: Black			
9	15. DECEDENT'S (Specify only highest		(Give kind of	S USUAL OCCUPATI	ION ost of working	16b. F	IND OF BUSIN	ESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) 12 Yrs	College (1-4 or 5+) 2 Yrs	Contract	t Specia	list					
MO	17. FATHER'S NAME (First, Middle, Las		Concrac	о вреста	18. MOTHER'S N	AME (First, Mic	ldle, Maiden Su	mame)		
ш	Samuel Mod	re			Car	rie L	Fuller	r		
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural		City or Town,	State, Zip Code	e)	
12	Carrie Moore		20b. PLACE AND DATE		Oa,b,c,d	,e,&f	20-1004	TION City		
15	1 X Burial 2 Cremation 3 C 4 Donation 5 Other (Specify)	Ramoval from State	emetery crematory or Lincolr	other place) Memoria	a1 2,	/19/93		land,		toria
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  John T Rhines Co., Inc.								Inc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	S A CONSEQUENCE O	PF):	-07   NE		·γ-			
MEDICAL	PART II. Other significent cond	itions contributing to death	but not resulting	In the underlylr	ng ceuse given in		PERFORME YES 2 X	ED?	COMP OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	HOSPITAL:		OTHER:	LACE OF DEATH (C					
HYS	1 _ YES 2 _ NO  27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/O	Y 286. TH	ME OF 28c. IN	ne 5 Residence JURY AT ORK?		Specify) RIBE HOW INJ	URY OCCURE	D	
ВУ Р	1 Netural 5 Pending 2 Accident Investige		(Month, Day, Year) INJURY							
ETED	3 Suicide 6 Could not be determined 28s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)				ce	28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)				
COMPLE	anal .	HYSICIAN: To the beat of my kn							use(s) and	manner as stated.
- 1	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, do			29c. LICENSE NU			19d. DATE SIG			
O BE	Craignike	soler			DC12	669		D 2/15	19	3
2	30. NAME AND ADDRESS OF PERSON	who completed cause of lvania Avenue	NW, DC 20	o, Print) 0037						
	31. DATE FILED (Month, Day, Year)	32. RABISTRAR'S SI	GNATURE - Routes	E						



2. DATE OF DEATH

FEB. 13,

5-1-1927

7. DATE OF BIRTH (Month, Clay, Year)

should

FOR STATE REGISTRAR

A SOCIAL SECURITY NUMBER

Bu. FACILITY HAME (If not its

218-92-1772

DECEDENT'S NAME (First, Middle, Lest)

GRIGORY MOROZ

XX M 2 D F

6. AGE (to yes, last birthday)

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YRS.

5. BEX

10b. COUNTY

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SIONO	ENDING PHY	JR. After this	her death with
VISION O	ATTENDING PHY	ECTOR: After this	s after death with
DIVISION O	OR ATTENDING PHY	DIRECTOR: After this	hours after death with
DIVISION OF WITABRECORDS, P.O. I	ITAL OR ATTENDING PHY	RAL DIRECTOR After this	72 hours after death with
DIVISION	HOSPITAL OR ATTENDING PHY	FUNERAL DIRECTOR, After this	within 72 hours after death with
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICAN, TO WINDOWS THAT THE GRAIT CHITICS	THE FUNERAL DIRECTOR, After this	filed within 72 hours after death with

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FEB 17 1993

DIRECTOR Pages 1, 2, 3 MARYLAND BALTIMORE RANDALLSTOWN permit. 104. STREET AND NUMBER FUNERAL 10f. ZIP CODE burial-transit 21133 4014 CARTHAGE ROAD hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-IF YES, GIVE WAR OR DATES 1 Never Married 2X Married If yes, specify Cuban, Mexican, Puerto Ric 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced detached for use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do MOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY wy (0-12) College (1-4 or 5+) 12 MECHANIC once. 17. PATHER'S NAME (First, Addon, Last) 16. MOTHER'S NAME (First, Middle, Melder Surrame) funeral director, page 5 should be 7 MOSHE MOROZ FREIDEL BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Yours, State, Zip Gode) 2 ASYA CARTHAGE RD., MOROZ RANDALLSTOWN, MD pe 30s, METHOD OF DISPOSITION
XX Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION - City or Town, State must 4 □ Donation 5 □ Other (Specific) BALTIMORE HEBREW CONG. 2-14-93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD., BALTO., MD ed in by the f or removal. medical The mendang physician and completely filled in by I Wellia Hydene prior to burial, cremation, or remove 23. PART I. Enter the diseases, or complications that caused the electh. Do not enter the mode of dying, such as cerdiec or respiratory errest, ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final event, the ate be executed within 24 disease or condition resulting in death) OUE TO (OR AS A CONSCOUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate rcholast CAUSE Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events resulting in death) LAST pertous shows any injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? signed by ( Health and 1 TES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 - Other (Specify) 6 27. MANNED OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED with a 28 is marked. 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED DIRECTOR: 4 Homicide If item 29a. CERTIFIER

(Chart not)

1 Decentifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, IMPORTANT: BE 29c. LICENSE NUMBER THE PIE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

Sh. CITY, TOWN OR LOCATION OF DEATH

RANDALLSTOWN

93 03733

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

SEWING MACHINES

Specify:

CROBER

REISTERSTOWN, MD

XXYES 2 NO

WHITE

21215

Approximeta

Interval Between

Onset and Death

mucute

20445

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24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month,

11396

COMPLETION OF CAUSE

B. BIRTHPLACE /State or Fo

RUSSIA

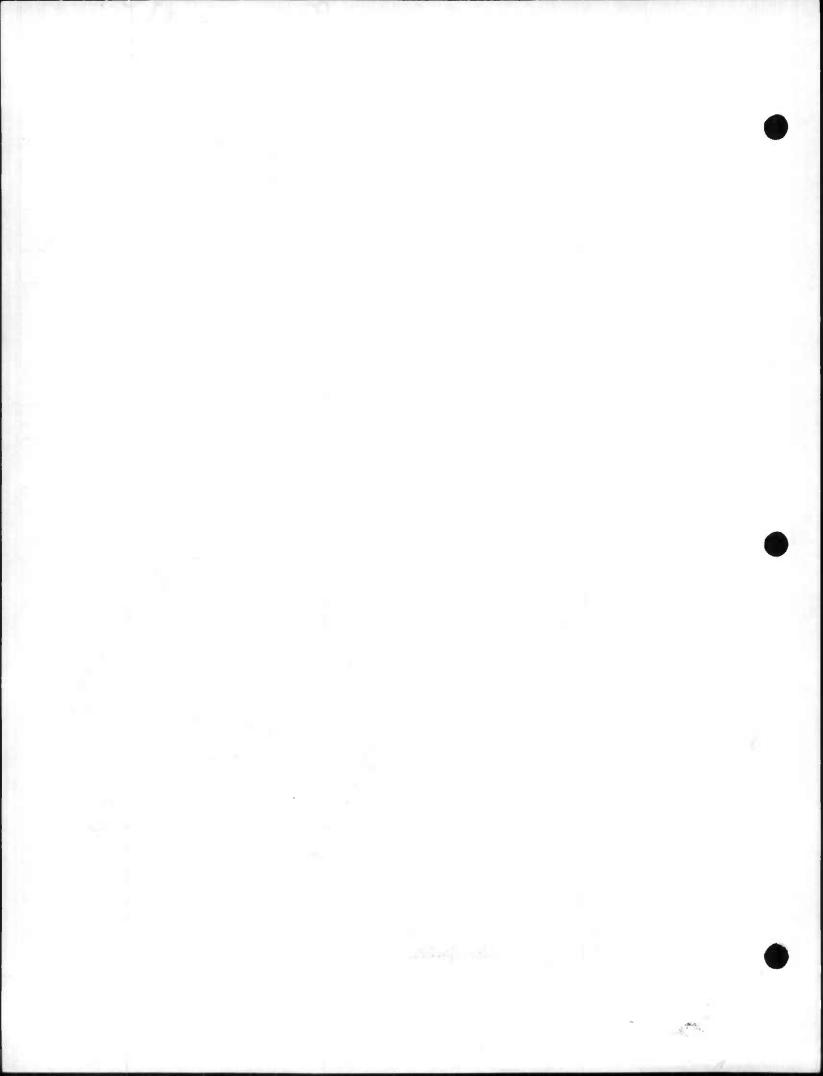
BALTIMORE

YEAR

Se. COUNTY OF DEATH

1993

DHMH-16 Rev 1/89



	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
	Helen Amelia	Mogel				MONTH DA	2:45 PM		
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign	
	159-01-3411	1 □ M 2 😿 F 86	YRS.	MONTHS DAYS	HOURS MIN.	March 10,	1906	PA PA	
~	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COUNTY	OF DEATH	
DIRECTOR	Berlin Nursing Ho	Berlin	lin Worcester						
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY	
百	Md Worces	iter	Ber	lin				LIMITS?	
AL	10e. STREET AND NUMBER			10	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	Rt. 4, Gumm Pt.	Road		2	1811		USA		
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.	
BY								Specify:White	
	15. DECEDENT'S EDUCA		16a. DECEDENT'S	USUAL OCCUPATION	DN .	16b. KIND OF BUS			
	(Specify only highest grade co	cripleted) Coflege (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during mo	st of working	Total reliver of Both	JINE 33/140031	~	
4		2	Hosier	Mill		Hosier	Mill		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Charles Goodman					ne E. Clau			
6	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Town			
	Dolores J. Rudige							Va. 22024	
	1 Description   2   Cremetion   3   Remove   4   Donation   5   Other (Specify)	al from State   came	PLACE AND DATE Of itery, crematory or of	her place!			CATION — City	TO THE OWNER OF THE OWNER OWNER OF THE OWNER	
	21. SIGNATURE OF JUNERAL SERVICE LICEN	INO	rthwood	Cemete	ry 2/1 D ADDRESS OF FA	5/93 Phil	adelph	ia, Pa.	
	N Aire A	1				ral Home,	108 Wi	illiams St.	
$\dashv$	4///	uebag -		Berlin	. Md.	21811			
1	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	in only one geuse on an	tha death. Do n ch line.	ot anter the mo	da of dying, suc	h as cardiac or respi	ratory screet,	Approximata Intarval Between	
	IMMEDIATE CAUSE (Final disease or condition	2 7	- 7-			, ,	4	Onset and Death	
1	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	your	ind,	w) inf	uch	1019	
_	-	and		· .	,	J		74	
2	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF	):				10	
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	09	-					78	
불	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	E				5	
CERTIFICATION	La.								
AL (	PART II. Other significent conditions				ceuse given in			24b. WERE AUTOPSY FINDINGS	
5	Ch 0/5	Lomas	- 人	<b>→</b>		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	adenic	uca-		meli	, ate			OF DEATH?	
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ack only one)			
YSI	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Outpe	tient 3 🗆 DOA		5 🗆 Rasidence	6 Other (Specify)			
	27, MANNER OF DEATH  1 🖾 Natural 5 🗍 Pending	(Month, Day, Year)	28b. TIME INJU	JRY WO	RK?	26d. OESCRIBE HOW II	IJURY OCCURE	0	
B	2 Accident Investigation	28e. PLACE OF INJURY -	Al home form of		ES 2 NO				
	3 Suicide 6 Could not be determined	building, etc. (Specif	y)	reet, factory, offic	'	26f. LOCATION (Street e City or Town, Stete)	nd Number or R	ural Route Number,	
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYSICIA	N. To the heat of my brands			COLUMN 1 1 20				
Ĕ		N: To the best of my knowle On the basic of examination							
BE								iNEO (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type,	Print)	20202		-		
	Federico Arthes, M.D. 1622A Ocean Pines, Berlin, MD 21811 Worcester								
	31. DATE EB 17 1993	12, RECOTRAD'S SIGNE							

SERVICE STREET

1 - STATE REGISTRAR

2

31. DATE FILEO (Morith, 'Day, Year)

> > Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

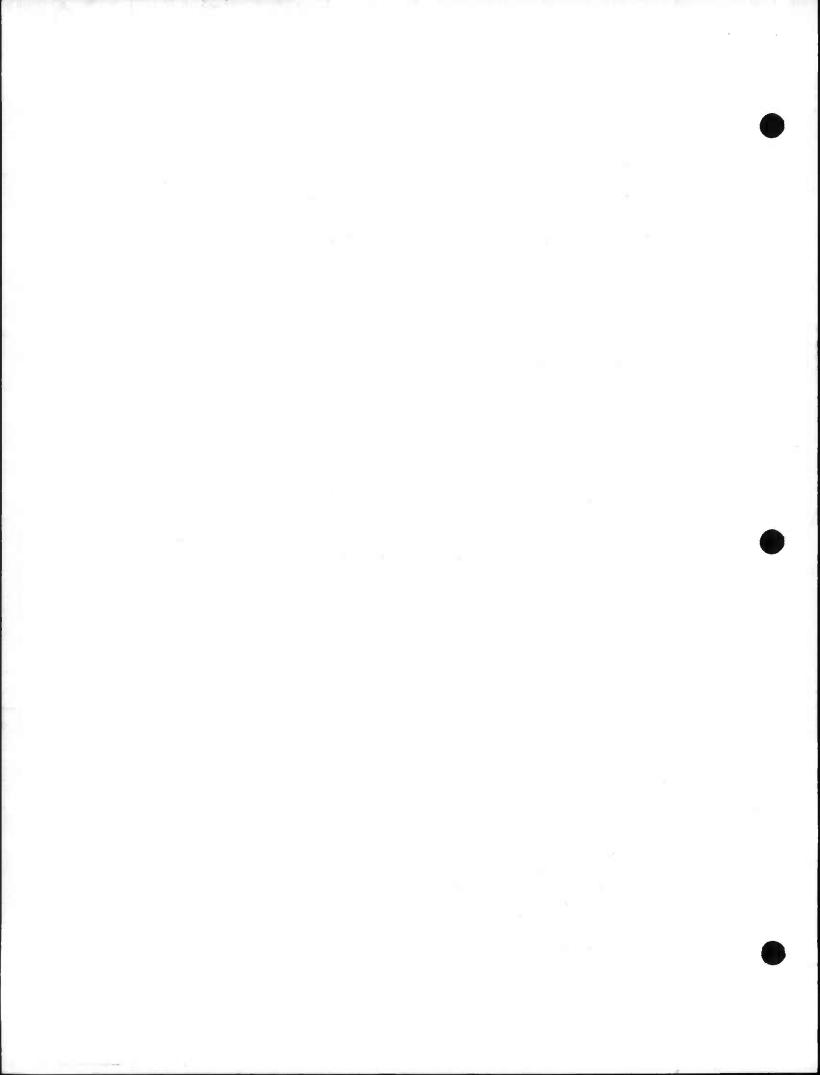
111 Penn Street, Baltimore, Maryland

11:30 A

	- 19	1. DECEDENT'S NAME (First, Middle, Last)			-				2. D/	TE OF DEATH			3. TIME OF DEATH		
	- 10	PAUL	S.		MUSAC	CHIC	)		1 2	MTH I	3 19	F#3	11:30 A		
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7 D4	TE OF BIRTH		BIRTHR	LACE (State or Foreign		
	9	212-62-8678	1 🖳 M 2 🗆 F	41	YRS.		DAYS	HOURS MIN.	T (M	onth, Day, Year) -11–1952		Country)			
pinous		9e. FACILITY NAME (If not institution, give	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH					land		
60	۳	5001 Barton Avenu						imore C			Jan. Cooki	OI DE			
1. 2.	1 3	RESIDENCE OF DECEDENT									1				
Social	DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CITY	, TOWN OR	LOCAT	ION				1	IOd. INSIDE CITY LIMITS?		
±.	- 0	Maryland Ba	altimore (	City		Ba	alt	imore C:	ity			_   1	XX YES 2 NO		
020 physician. burial-transit permit. Pages	A	10e. STREET AND NUMBER					9 .	ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?		
). Insit	FUNERAL	5001 Barton Avenu	Je					21206			lι	JSA			
O siciar ial-tra	5	11. MARITAL STATUS	12. WAS DECEDEN			13. WA	S DEC	ENDENT OF HISPA	NIC ORI	GIN? (Specify Yes		RACE -	- American Indian,		
Phys buri		1 Never Married 2 Married	FORCES? 1					2 NO Spec		to Rican, etc.)		Black, Specify:	White, etc.		
15-0020 ending physic as the burial	ВУ	3 Widowed X Divorced							,			Opoliny.	White		
21 afte	ETED.	15. DECEDENT'S EDI (Specify only highest grad		16	e. DECEDENT'S (Give kind of w					16b. KIND OF BUS	SINESS/INDUS	TRY			
21 21 or for u	Ш	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	IIIe. Do NOT us	e retired.)									
ND nospii	MP	12 years	2 years		Tool &	Dye 1	Иak	er		Self-Em	ployed	<u></u>			
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)								st, Middle, Maiden	Surname)				
YY d by id be	BE	Don L. Musacchio								. Kemp					
MARYLAND retained by the hospit 5 should be detached notifiled at once.	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO AODRESS (Street and Number or Rural Route Number,						; City or Town, State, Zip Code)				
	-	Cecelia V. Musacchio 5001 Barton Avenu								Balto., Md. 21206					
BALTIMORE, I ter death. Page 6 may be the funeral director, page 9 yval.		20a. METNOD OF DISPOSITION  1/2 Burlal 2 Cremation 3 Ren	novel from State	20b. PL	ACE AND DATE O	FDISPOSITI	ON (Na	me of	0	ATE 20c. LO	CATION CIT	y or Town	n, State		
AOR pe 6 ma rector, p		4 Donation 5 Other (Specify)		Par	KWOOD (	cemete	ery	2-	-17-	93 Balt	o., Mo	d.			
TIN Paging		21. SIGNATURE OF FUNERAL SERVICE L		(		22. NA	ME AN	ID ADDRESS OF F	ACILITY	-1 H					
ALTIN death. Pag tuneral di f.		Josselv I	en elrell	Hon	15			ssahn Fu					1000		
BALTIM rs after death. Page n by the funeral direc removal.	$\neg$	23. PART I. Enter the diseases, or				ot anter th	74	Ol Bela:	Lr H	d. Bait	O., MC	1. 2			
		shock, or heart failure.	List only one csu	se on each	line.	ot enter th	ie ilio	de or dying, su	cn ss c	ardiac or respi	ratory arres	τ,	Approximate Interval Between		
24 hours filled in on. or re		IMMEDIATE CAUSE (Final	A			/	7	1	1		\		Onset and Dea		
	li li	disesse or condition			1 1	. (					1				
o, nithin letely emati	- K	disesse or condition resulting in death)	a. A+	hero	sclero	ic	-ar	diovas	Cul	lar 1-	iseas	e			
ted within 24 completely fill ial, cremation.		resulting in death)	a. OUE TO	cor as a co	SC ETO-	ic (	ar	rd iovas	cul	lar 1-	iseas	e			
68760, peccuted within and completely burial, cremati natic event, t	NO	resulting in death)  Sequentially list conditions,	b	(OH AS A CO	- MSECULENCE OF	) <i>:</i>	-ar	diovas	Cul	lar I-	iseas	e			
OX 68760, be executed within cian and completely for to burial, cremati raumatic event, t	ATION	resulting in death)  Sequentially list conditions, if any, leading to immediate	b	(OH AS A CO	SC Ero-	) <i>:</i>	-ar	diovas	Cul	lar I-	iseas	e			
BOX 68760, findate be executed within physician and completely one prior to burial, cremarine traumatic event, it	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO	(OR AS A CO	NSEQUENCE OF	):	-ar	rd iovas	Cul	lar I-	)iseas	e			
certificate be executed within dhing physician and completely hygiene prior to burial, cremating other traumattic event, t	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	(OR AS A CO	- MSECULENCE OF	):	-ar	diovas	Cul	lar I-	iseas	e			
P.O. BOX 68:  n certificate be execute ending physician and co I Hygiene prior to buna or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. OUE TO d.	(OR AS A CO	NSEQUENCE OF	):					iseas	e			
DS, F the death the atte the atte Mental		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO c. OUE TO d.	(OR AS A CO	NSEQUENCE OF	):				24a. WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDING		
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NATE PING PHYSICIAN: The law requires that the death CHAP After this certificate has been signed by the after hours after death with the State Dept. of Health and Mental Item 28 is marked, or Item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	b. DUE TO  c. OUE TO  d	(OR AS A CO (OR AS A CO death but if  DER/Outpatle INJURY any, 'eer')  F INJURY my knowledge tamination an	nsequence of insequence of ins	OTHER: 4   Nursing EOF 28 RRY M	28. PL g Home C. INJI T YOU T, office	ACE OF DEATH (C. 5 X Residence URY AT RK? ES 2 NO	6 O 28d. E	24a. WAS AN PERFOR 1 A YES 2  Tone)  ther (Specify)  DESCRIBE NOW II  OCATION (Street a lifty or Town, State)	AUTOPSY MED?  NO  NJURY OCCUPAND NUMBER OF SECTION OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OF SECTION OCCUPAND NUMBER OCCUPAND NU	24b. W A C C O 1 1 RED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

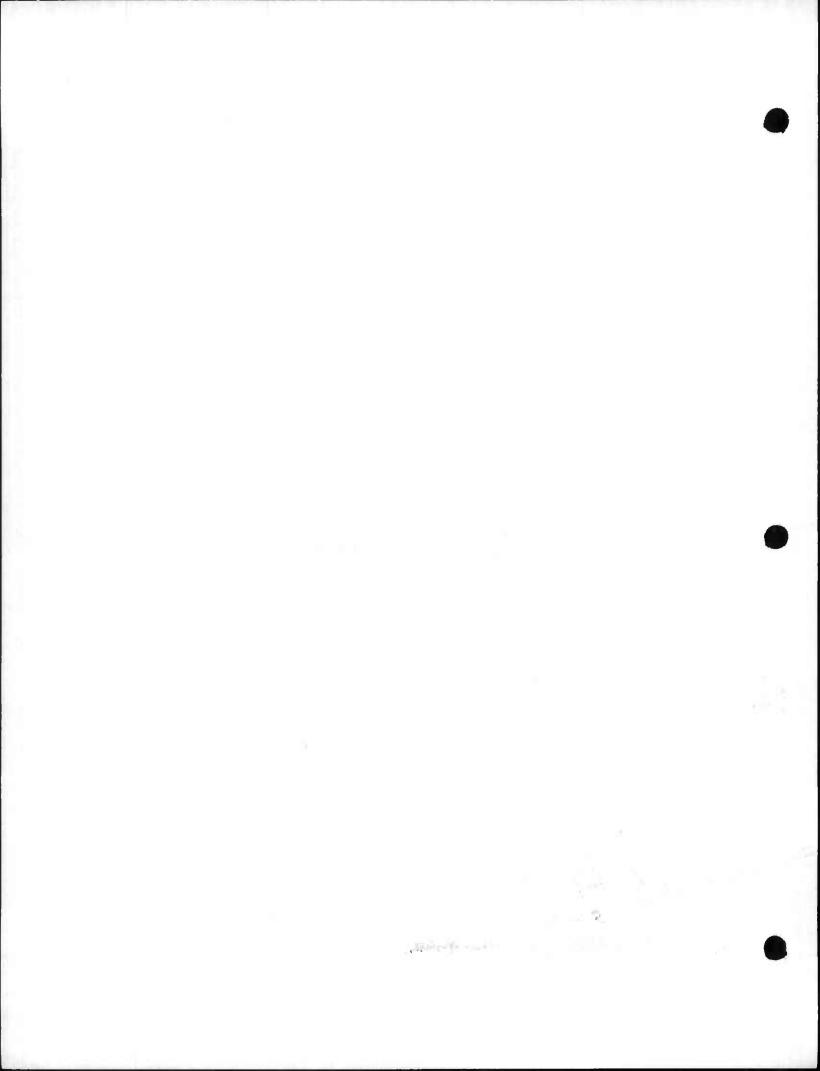
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The International Property of the International Physicians of the International Physic	anding physician and completely filled in by the funeral director, page 5 should be a Hydiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR. After this certificate has been again for the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Lieur and Mental Hollege prior to burial comparison, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, o

	1 - STATE OF MAR	YLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND	MENTAL HYGIENI REG. NO.	Ξ ,	00136		
	1. DECEOENT'S NAME (First, Middle, Last) John Elmer Maatta			2. DATE OF OEATH DAY 02 15		3. TIME OF DEATH 5:20 P M		
	215-12-9701 ¹⅓ <sup>™2□</sup> F	T 3 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09 29 1	8. 1	BIRTHPLACE (State or Foreign Country) Iontana		
TOR	9a. FACILITY NAME (If not institution, give street and number)  Choollane 7424  RESIDENCE OF DECEMENT		ry, town on Location of D andalk	EATH	Balt	of OEATH		
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Baltimore	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES AND		
FUNERAL	10a. STREET AND NUMBER School Lane 7424	Danaa	101. ZIP CODE 21222			of WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVE FORCES? 1 WAS DECEDENT EVE FORCES? 1 FYES. DIVE WAS DECEDENT.	ES 2 NO	I. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	in, Puerto Rican, etc.)	or No- 14.	RACE - American Indian, Black, White, atc. Specify: White		
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5 +)  8  17. FATHER'S NAME (First, Middle, Last)	Welder				nt Shipyard		
BE CC	Emile Maatta		18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)			
6	19a. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural					
	Caroline Maatta	School 20b. PLACE AND DATE OF DISPO	Lane 7424			1222 or Town, State		
	4 Donation 5 Other (Specify)	oemetery cremetory or other place Oak Lawn				lk, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	// W	NAME AND ADDRESS OF FA Dabrowski 005 Dundal	/Chojnack				
	23. PART I. Enter the diseases, or complications that cau shock, or heart feliure. List only one cause or	sed the death. Do not ente	er the mode of dying, auc	h as cardiec or respir	atory arrest,	Approximats Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	S A CONSEQUENCE OF:	A-P1			Onset and Daath		
NOI	Sequentially list conditions 6.	S A CONSEQUENCE OF):						
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF):						
CER	d							
MEDICAL	PART II. Other significant conditions contributing to desti-	but not resulting in the t	underlying cause given in	Part i. 24a. WAS AN / PERFORM	WED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ Σ						1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	ОТНЕ	26. PLACE OF OEATH (Ch	eck only one)				
ЭНХ	27. MANNER OF DEATH 28s. DATE OF INJUI	Y 28b, TIME OF	28c, INJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURE	:D		
ВУ	2 Accident Investigation	М	1 YES 2 NO					
ETED	4 Homicide determined building, etc. (6	IRY — At home, farm, street, fa (pecify)	ctory, office	281. LOCATION (Street er City or Town, State)	nd Number or R	ural Route Number,		
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my kr					use(a) and manner as stated.		
BE (	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI			GNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		0-11		2-1			
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SI	100 N. Broa	dway Balti	more, Md.	2123	Ţ		
	FEB 17 1998 your Devidon							



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IAL	The law
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MISION OF VITAL RECORDS,	ON AFTENDING PHYSICIAN:
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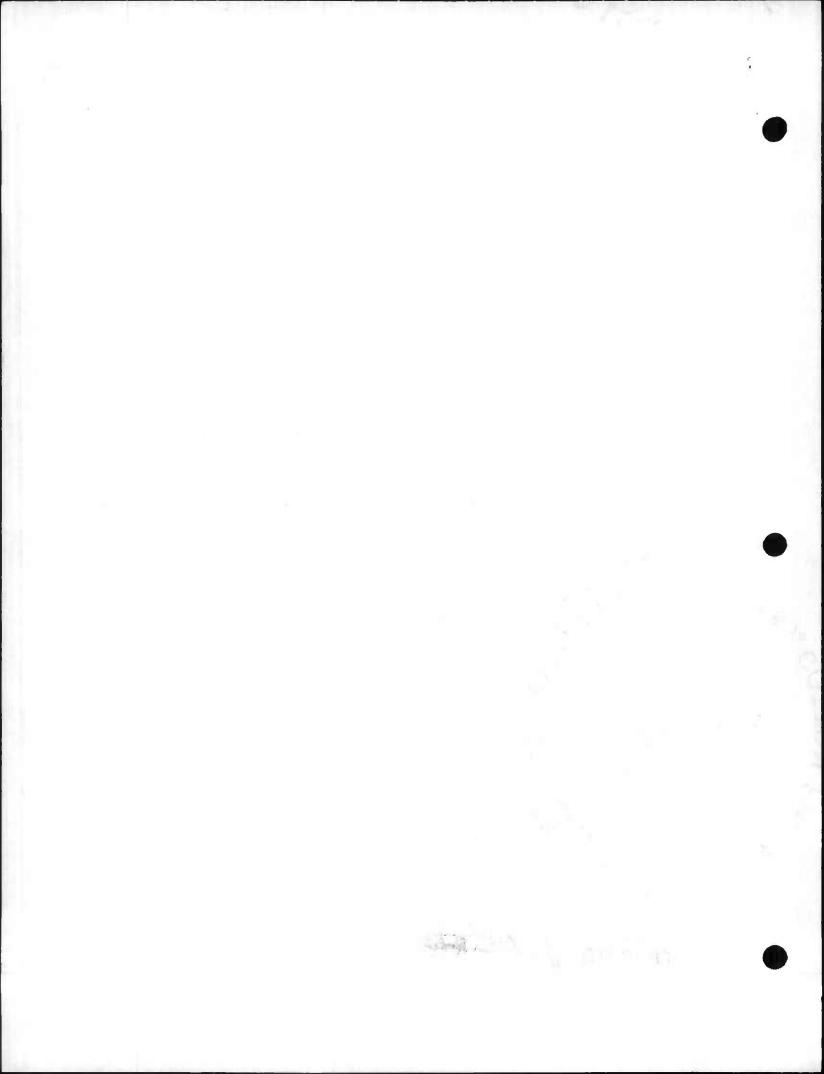
	REGISTRAR			-	TORTE	OF DEATH	REG. NO	·	
	1. DECEDENT'S NAME (First, Middle, Las			NO	DUGGO			AY	YEAR 3. TIME OF DEAT
	Henry  4. Social Security NUMBER	C.	8. AGE (in yrs. les		RWOOD				.993 4:40
	220-09-8734	1 M 2 F	73	YRS.	MONTHS D	MYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/5/20		8. BIRTHPLACE (State or For Country)
	9a. FACILITY NAME (If not institution, give		/3	1110.	Oh CITY TO	OWN OR LOCATION OF I		T	Baltimore C
2									TY OF DEATH
5	Franklin Square				Ralt	imore, Md.		I_Bal	timore
DIRECTOR	10a. STATE 10b. COUN			200	Y, TOWN OR L				10d. INSIDE CITY LIMITS?
		imore		Ba.	ltimor				1 - YES 2X-
FUNERAL	10s. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
NE	14 Glenmore Av	VENUE 12. WAS DECEDENT	EVED IN II C AD	MED	40 1111	21206		USA	
B	1 Never Married 2 Married 3 Widowed 4 Divorced		Y YES 2 1		If ye	S DECENDENT OF HISP/ es, specify Cuban, Mexic YES 2/ NO Spec		s or No—	14. RACE — American India Black, White, etc. Specify: White
9	15. DECEDENT'S EL (Specify only highest gra		16a. DE	CEDENT'S	USUAL OCCU	JPATION ing most of working	16b. KIND OF BU	SINESS/INDU	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	llfe.	. Do NOT us	e retired.)	ing most or working			
COMPL	12		Pip	e Fit	ter		Bethleh		eel Co.
_	17. FATHER'S NAME (First, Middle, Last)	مط					AME (First, Middle, Maider		
BE	Robert T. Norwoo	<u> </u>	40				E. Unknown  Anoute Number, City or Tox		
5	Naomi J. Norwood						to., Md. 2		Code)
	20 METHOD OF DISPOSITION				OF DISPOSITIO				Sty or Town, State
- 8	1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Cometery, cre	matory or or	the place)	2/15/93			e, Md.
· j	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 4 4 1 1						
1	W /1					WE WAN WHOLIEGO OF L	MULLIT ,	1-1-1-5	
	MANAGE	1	Lamo				NERAL +		
	703304n F	imoral t	tomo	oth Do	17401	BELAIR A	20 BALTO.	פנה	21236
	23. PART I. Enter the diseases, o shock, or heart failure	r complications that	caused the de	eath. Do r	17401	BELAIR A	20 BALTO.	פנה	21236 pat, Approxima
	IMMEDIATE CAUSE (Final disease or condition	e. List only one caus	e on each line		°7401	BELAIR A	20 BALTO.	פנה	21236 Approximatinterval Be
	IMMEDIATE CAUSE (Final	e. List only one caus	e on each line		°7401	BELAIR A	20 BALTO.	פנה	21236 Approximation Interval Be
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cu	OR AS A CONSEC	OUENCE OF	*7401 not enter the	BELATIZ A	20 BALTO.	פנה	21236 Approximation Interval Be
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MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	a. DUE TO (C. DUE TO (	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF	DUENCE ON COUNTY OF THE PROPER	on the under	e mode of dying, su  fully  fully  fully  riying cause given in	ch as cardiac or response in Part I. 24a. WAS AN PERFO	I AUTOPSY	212 3 (a) Approximatinterval Be Onset and Onse
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the cause in the	a. Cure of the control of the contro	De an each line  Con as a consecutive for as a consecutive for as a consecutive for	DUENCE OF COUNTY OF THE PROPER	orther: 4   Nursing E OF   284	e mode of dying, su  fully  fu	ch as cardiac or response to the character of the charact	I AUTOPSY	212 3 (a) Approximatinterval Ba Onset and Onse
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Majural 5 Pending investigation and conditions.	a. DUE TO (C. DUE TO (	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF	DUENCE OF COUNTY OF THE PROPER	orther: 4   Nursing E OF   284	e mode of dying, su  fully  fu	ch as cardiac or response to the character of the charact	I AUTOPSY RMED? NO	212 3 (a) Approximatinterval Ba Onset and Onse
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the cause of the	a. DUE TO (C. DUE TO (	DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A	DUENCE OF COUNTY OF THE PROPER	orther: 4   Nursing E OF   284	e mode of dying, su  fully  fu	ch as cardiac or response to as cardiac or r	I AUTOPSY RMED? NO	212 3 (a) Approximatinterval Ba Onset and Onse
APLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	a. DUE TO (C. DUE TO (	DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	orther:  a University M 1  street, factory,	e mode of dying, su  final fin	ch as cardiac or response to the cause(s) and ma	I AUTOPSY RMED?  NO  INJURY OCCI	212 3 (5) Approximatinterval Baronset and Onse
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	a. DUE TO (C. DUE TO (	DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	orther:  a University M 1  street, factory,	e mode of dying, su  final fin	ch as cardiac or response to the cause(s) and ma	I AUTOPSY RMED?  NO  INJURY OCCI	212 3 (5) Approximinatorial Biometrical Bi
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	a. DUE TO (C. DUE TO (	DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	orther:  a University M 1  street, factory,	e mode of dying, su  mode of dying, su  fully  full	ch as cardiac or response to the cause(a) and man a time, data and place, as	I AUTOPSY RMED?  INJURY OCCI	212 3 (5)  Approximinatorial Bionset and Onset

Balt.

Md 21237

296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON 9/01

FEB 17 1993



1		FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

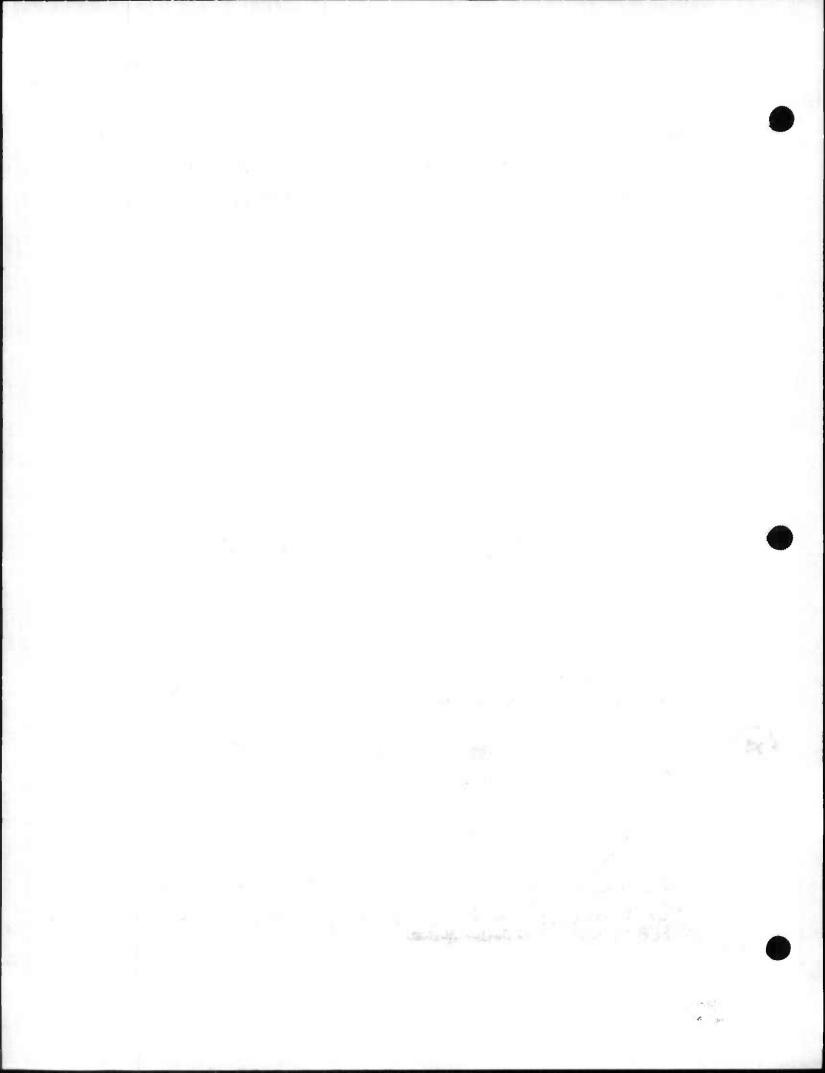
		1. DECEDENT'S NAME (First,	Middle Last		- OL	-11111	ICATE	. 01	DEAT	1	HEG. NO					
		THOMAS		GORDON				0	RR, J	R.	O 2 1.4	19	93	9:58 A M		
		4. SOCIAL SECURITY NUMBER 215-78-94		5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE OF BIRTH (Morith, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign		
should		9s. FACILITY NAME (If not in		1 💢 M 2 🗆 F	34	YRS.		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					ylan d			
2, 3	TOR	ST. AGNES	S HOS	PITAL			7.390		MORE			NA				
ges 1.	DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCA	TION			10d. INSIDE CITY				
permit. Pages		Maryland	Anne	e Arunde	1	Ba	ltimo				yn Park)			LIMITS? 1 YES 2XXNO		
\$£.	FUNERAL	182 Wes	t Mead	dow Road					H. ZIP CODE	2122			USA	HAT COUNTRY?		
21215-0020 al or attending physician. for use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo		FORCES?	IT EVER IN U.S. AR MX YES 2 □ N MAR OR DATES 79-1985		1	l yes, sp	pecify Cuben	F HISPANI , Mexican Specify:	, Puerto Rican, etc.)	ORIGIN? (Specify Yes or No— Puerto Rican, etc.)  14. RACE— Black, W Specify:				
or attend	ETED	(Specify only	EDENT'S EDUC highest grade	CATION	16a. DE	ve kind of a	USUAL OC	CUPATH furing mo	ON ost of working	7	16b, KIND OF BU					
the hospital of detached for once.	APLE	Elementary/Secondary (0 12th Grade		College (1-4 or 5	+)	erv i	,				House of State of			ions-Jessup d		
	COMPL	17. FATNER'S NAME (First, M. Thomas	Gord	on Onn			_		1		AE (First, Middle, Maiden	Surname)				
MARYL retained by 5 should be notified at	BE	196. INFORMANT'S NAME (7)		on Orr,		. MAILING	ADDRESS	(Street			G. Bissett			er		
RE, MA ay be retain page 5 sh	5	Mrs. Ethel	G. I	Miller							Baltimore			225		
R Hay	1	4 Donation 5 Other	Buriel 2 Cremation 3 Removal from State cognetory.  Cognetory May						DATE   20c. LOCATION - City or Town, State   Control - City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City							
SALT r death. P e funeral al. examin		21. SIGNATURE OF PURERAL	S ERVICE LIO	n E. Eck		22.1	NAME A	ND ADORES	S OF FAC	ral Home o sco Ave.,						
within 24 hours spletchy filled in the cremation, or referrent, the median		23. PART L. Errer the di ahopk, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure. I	a. DUE TO	ise on each line.	DUENCE OF	126	1			as cardiac or reap			Approximate Interval Between Onset and Death		
, P.O. BOX 6876 sath certificate be executed titending physician and com tal Hyglene prior to burial, , or other traumatic ex	CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injusted events resulting in deeth) LAST	diate NG ry		(OR AS A CONSEC											
ORDS, It that the death led by the atte th and Mental any injury, or	CALC	PART II. Other significa	nt conditions	contributing to	death but not re	eaulting	In the un	deriyin	g ceuse gi	iven in F	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS		
that that med by the that the that are 33 shows any	MED										1\sqrt{yes} 2			COMPLETION OF CAUSE OF DEATH?		
2 8 8 E	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF DE	ATN (Chec	ck only one)					
시 등 등 점 등	HYS	XXYES 2 NO		28s. DATE OF		26b, T/M	4 Nurs	ing Hom	TA YRUS		28d. DESCRIBE NOW I	NJURY OCC	CURED			
DING PHYS After this of death with a marked,	ВУ Р		Pending nvestigation	(Month, D	ST002=7.5	1742	URY M	1 🗆 1	YES 2 [	- 1	7326 11011					
TSIC TORE A STATE OF			Could not be Setermined	29s. PLACE O hullding,	F INJURY — At hor etc. (Specify)	me, Yerm, a	dreet, facto	vry, affici	*		28f. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	ute Number,		
경험되는	COMPLET										to the cause(s) and mar fine, date and place, an			and manner as stated,		
TO THE HUSER TO THE FUNER ON find within T	BEC	290. SIGHATONE AND TITLE	OF CERTIFIER	200					29c. LICE	YSE NUM	BER	29d. DATE	SIGNED (	Month, Day, Year)		
D D W	ē.	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH ATEN	27) /Sm-	Print1		0.	C.M	Е.	0	2/15	71993		
		HMD	DXD	N	111		n Si	tre	et.	Bal	timore.	Marv	land	21201		
		PEB 17	1993	32. REGISTER	IS SIGNATURE	-										

Α..... - - Carrell of It

	DIVISION OF WITH RECORDS, P.O. BOX 68760, BALTIMORE, MAR	TO THE HOSPITAL OR ATTENDING PHYSIGHT TO A majories that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL, DIRECTOR: After this contract the contract part of the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the second of the safth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or the property of other traumatic event, the medical examiner must be continued.
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31. DAT FEB MONTH 1993

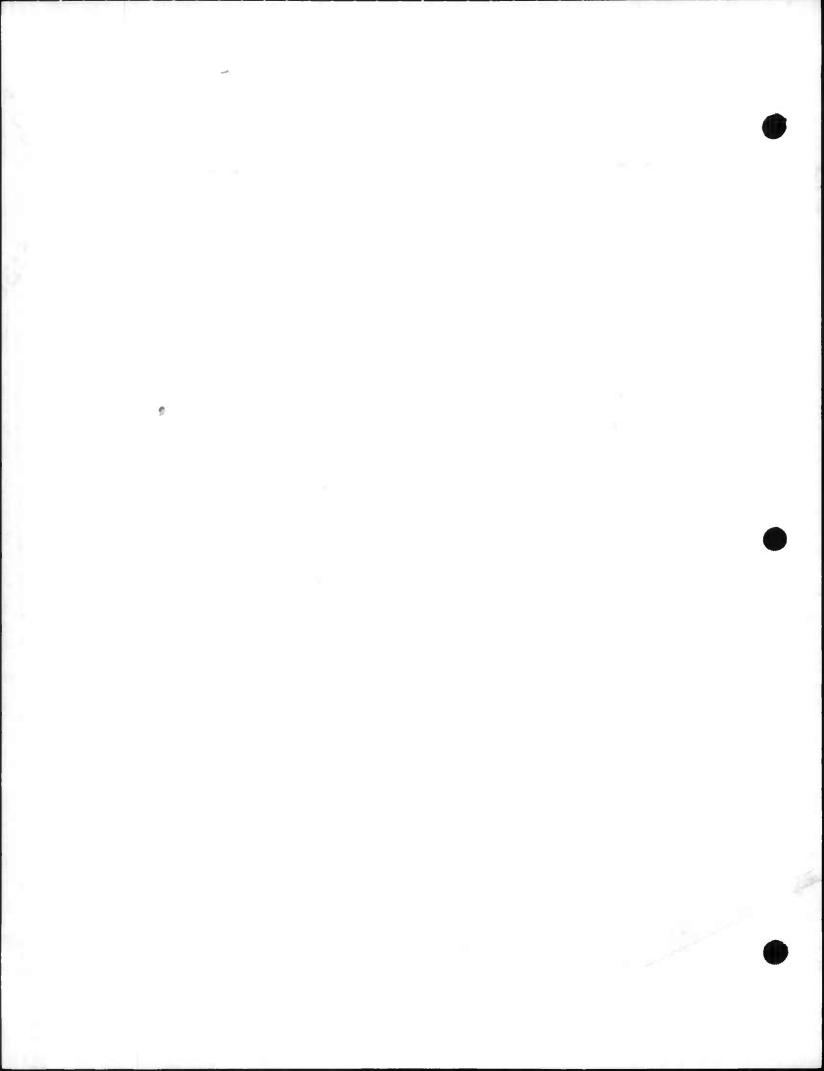
		1 - FOR STATE REGISTRAR	STATE OF MARYLA				HEALTH AND	MEN'	TAL HYGIEN REG. NO.		20	03/39
Г		1. DECEDENT'S NAME (First, Middle, Lest)						2. D/	ATE OF DEATH		3	TIME OF DEATH
	- 1	thathe Q	uen 9					MC	NTH DA	AY .	YEAR	1945 n.
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. 0/	ATE OF BIRTH	7	8. BIRTHPL	ACE (State or Foreign
- 1		155-01-1423	1 M 2 VF	8	YRS.	PONTHS DAYS	HOURS MIN.	(M	Inth. Day, Year)		Country)	
		9e. FACILITY NAME (If not institution, give s	street and number)	01		Oh CITY TOWN	OR LOCATION OF D	_	1-6-11	0. 000		Carolina
وا	-	ponordo +	1 . 10 .					1	1 1	96. COU	NTY OF DEA	IH .
100	<u> </u>	RESIDENCE OF DECEDENT	100 W00	4		101-38	rett, Ac	1ex	phu_	KL	nce	GEOVER
1	í	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION			_	10	od. INSIDE CITY
) id	5	mD Pri	nce Georges		Bow	ie				LIMITS?		
	1	10s. STREET AND NUMBER			20011		Of, ZIP CODE			10g, CIT		AT COUNTRY?
TAGE AND A		11606 Legend G1	en Drive				20720					
3	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	J.S. AR	MED	13. WAS DE	CENDENT OF HISPA	NIC OR	IGIN? (Specify Vee		USA	- American Indian,
		1 Never Merried 2 Merried	FORCES? 1 YES	2 X		If yes, s	specify Cuben, Mexico	an, Puer		G. 140_	Black, V	White, etc.
2	5	3 🖟 Widowed 4 🗌 Divorced	I TES, GIVE WAR ON DAT			1 1 16	S 2 NO Specif	ny:			Specify:	Black
6		15. DECEDENT'S EDU	CATION			SUAL OCCUPAT			16b. KIND OF BUS	SINESS/INC	DUSTRY	DIACK
1		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe.	Do NOT use	rk done during n retired.) S_Spec	nost of working					
.   9				Hea	ecora 1th &	S Spec	lalist _Services	z	II.S	Cove	rnmen	+
at once.	5	17. FATHER'S NAME (First, Middle, Last)				22(43)(642)			st, Middle, Malden		Limeli	
76 1		Blair Bulloch	k				70%		Tarrell	,		
8 0	3	19+. INFORMANT'S NAME (Type/Print)		198	. MAILING A	DORESS (Street	end Number or Rural			n Stata Zin	Corte	
T att	2	Leonard R Owens		1			d Glen Dr			e, M		720
8		20s. METHOD OF DISPOSITION	20b P			DISPOSITION//					City or Town	720
SE I		1. Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	coval from State	ery, cre	matory or other	n plece)	rial Park	- 2/			Mary	
5		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER .	1701	o i o i a	22. NAME /	AND ADDRESS OF FA	CILITY	lutter F	nner	al Ho	mes, Inc.
E		· bany of	Sel.			250	1 Gwynns	Fa1	ls Park	wav	al no	iics, IIIc.
-		10-1	Jours			Ba1	timore, 1	<b>1</b> D	21216	-		
Injury, or other traumatic event, the medical examiner must	ı	23. PART I. Enter the disesses, or ahock, or heart failure.	complications that caused t List only one cause on eac	he de	eth. Do no	t enter the m	ode of dying, aud	ch ss c	erdiec or respi	ratory arr	rest,	Approximate interval Between
E		IMMEDIATE CAUSE (Finei										Onset and Death
5	Į	disease or condition resulting in death)	. JENNE K	E	HENT	-24 C	MULTI	wi	ARCT			
rven			DUE TO (OR AS A C	ONSEC	UENCE OF):							†
2			b									
ry, or other traumatic	2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEC	UENCE OF):							
Et C		cause. Enter UNDERLYING CAUSE (Disease or injury	c									
\$ E		that initiated events	DUE TO (OR AS A C	ONSEC	UENCE OF):							
5 4		resulting in deeth) LAST	d									
70	- 11	PART II. Other significant condition	a contributing to death but	not r	aculting in	the underlyis	an annua aluar la	Do A I				
		JWALLOWA	(	not t	saditing III	the underlyn	ng causa given in	PBIT I.	PERFOR	MED?	AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC		Sugar	1 1/2 15			,			1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
HOWS -		- WILLIOWA	10 104010	ب ر	5.30						1	YES 2 NO
23												
VSICI		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. F	PLACE OF DEATH (Ch	neck only	/ one)			
1 0		1 U YES 2 NO	1 Inpatient 2 ER/Outpati	ent 3	DOA 4		me 5 🗆 Residence	8 🗆 0	ther (Specify)			
S I		27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)		28b. TIME (		JURY AT ORK?	28d. (	DESCRIBE HOW IN	JURY OCC	CURED	
marked, BY PH	- 10	1 Netural 5 Pending 2 Accident Investigation	NIA			M 1 🗆	YES 2 NO					
2 0		3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, atc. (Specify	At ho	ne, farm, str	eet, factory, offi	ce	261. L	OCATION (Street a	nd Number	or Rural Rout	te Number,
m 28 ЕТЕ		4 Homicide determined										
IMPORTANT: If Item		290. CERTIFIER (Check only	CIAN: To the best of my knowled	ge, de	th occurred	at the time, dat	e end place, end due	to the	cause(e) end men	ner ee stat	ed.	
ANT: If Its			R: On the basis of examination e									nd manner se stated.
NA C	- 19	29b. SIGNATURE AND TITLE OF CERTIFIER					29caLICENSE NUI					
E E		M. Ola Desta	206. ()				2018	-	2		-/4-	onth, Day, Year)
<b>≅</b>   ₽		30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DEATH	H (ITEN	27) (Time D	rint)	0018	7		-	14-	73
		Para A -1/	0 411 15	- /	7		0			,	14.1	



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		REGISTRAR			EHIIF	ICATE (	JE DEAL	Н		REG. NO.	•			
		1. DECEDENT'S NAME (First, Middle, Lest) Raymond	Ambro	se		PAR	KS		2. DATE WONT	of DEATH of Uary I	3, 199	TEAR 3.	3:45 p	м
	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE	OF BIRTH		_	ACE (State or Foreign	_
	- 0	216-14-0761	1X M 2 🗆 F	71	YRS.	MONTHS DA	YS HOURS	MIN.		h, Day, Year)		Country)		
3 should	1 9	Se. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCATION OF					8-28-1921 Pennsylvania				
ه به	Œ	Franklin Square		7			ssvill			77 8 1 2 1				
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	110 2   0.0000			100			<del>.</del>		ратті	Baltimore County		
S	Ĕ	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR L	DCATION					10	Id. INSIDE CITY	
Æ.	ᡖ	Maryland	Baltimor	<i>Le</i>				Edge	merc	2		1	LIMITS?	
permit. Pages 1,	4	10s. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZE		AT COUNTRY?	_
155	NERAL	2821 Wells Aver							219		u.	S.A.		
215-0020 attending physician. se as the burial-trar	FUN	11. MARITAL STATUS  1.XXNever Married 2 Married		TEVER IN U.S. AF		13. WAS	DECENDENT O	F HISPAN	IC ORIGIN	f? (Specify Yes Rican, etc.)	or No-	I. RACE Black, V	- American Indian, Vhite, etc.	
0 5 5	l lá	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		10	YES 2 ( NO	Specify	r:			Specify:		
15-0( tending	8	15. DECEDENT'S EDUC	CATION	140 00	CEDENTIO	1101141 00011			T				White	_
=	E	(Specify only highest grade	completed)	ive kind of a	VSUAL OCCUI	g most of working	g	168	. KIND OF BUS	SINESS/INDUS	THY			
		doings (14 of 54)					100		1	Bethlehem Steel Corp.				
LAND the hospit detached	COMPI											eer	CONTO.	
	8									Middle, Meiden			-1-	
Nd by	H	John L. Parks						_		therin			gn	
MAR retained to 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (St	eet and Number	or Rural F	Poute Num	ber, City or Town	n, State, Zip C	ode)	1.010		
E, IV y be re page 5		Betty J. McGee		2901	well	s Avenu	ie to	ig em	ere, M	arylan	.d 2	1219		
- (G		20s. METHOD OF DISPOSITION 1 1 Duriel 2 Cremation 3 Remo	20b. PLACE	PLACE AND DATE OF DISPOSITION /Name of lery, crematory or other place)  DATE 20c. LOCATION — City or Town, State										
MOR e 6 ma rector, p		4 Donation 5 Other (Specify)	DVAI IIOM State				n. Panh	2/1	6/9:	3 10	orsey.	Man	uland	
ALTIMOF leath. Page 6 m funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 150000	بالمستوال	22. NAM	E AND ADDRES	SS OF FAC	YTLIK					_
BALTIN er death. Pag the funeral di val.		1000	)	0									lk, Inc.	
Experience of the removal.		30000	- 00	Mah	~	79:	22 Wise	Ave	2 1	Dundal	k. Mar	ulan	d 21222	
BALTIMO hours after death. Page 6 ed in by the funeral directo or removal. medical examiner mu		23. PART I. Enter the diseases, or of shock, or heert fellure.	complications the	It caused the de use on each line	eath. Do r	not enter the	mode of dyle	ng, suct	aa cen	flac or respi	ratory arrea	ıt,	Approximate Interval Between	
4 ho		IMMEDIATE CAUSE (Fine) T.1111	g Cancer										Onset and Deat	
tety fratio		disease or condition resulting in death)	e cancer											
ompletely or cremati		346-25-4-61-4-1-4	DUE TO	(OR AS A CONSE	OUENCE O	F):							<del> </del>	_
executed and con burial,	z		ASDES	tosis										
X C	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	OF):							_	
ate be e tysician prior to	S	cause. Enter UNDERLYING	No.											
. 일 로운 열		CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
0 5 5 6	F	resulting in death) LAST	1.											
deal deal	- 11	DART II ON I III												
= 22 =	EDICAL	PART II. Other aignificant condition	s contributing to	deeth but not r	resulting i	in the under	lying ceuse g	iven in I	Part i.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	8
signed by Health and	음								_	1   YES 2		CC	OMPLETION OF CAUSE F DEATH?	
	ME										x		YES 2 NO	
AL ME he law requ has been e Dept. of h m 23 sho														
ATSLON OF VITAL REATTENDING PHYSICIAN: The law requestron: After this certificate has been a safer death with the State Dept. of 128 is marked, or item 23 short	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	B. PLACE OF DE	EATH (Che	ck only or	10)				
SICIAN: The certificate the State , or Item	SIC	1 TES 2 TANO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home 5 🗆 Res	sidence	8 (1) Other	e (Specify)				
HYSICIA his certif with the	PHY	27. MANNER OF DEATH	26a. DATE OF		26b. TIM	E OF 28c	INJURY AT	I		CRIBE HOW II	NJURY OCCU	RED		
ING PHYSIC After this ce eath with t		1 Natural 5 Pending	(Month, E	Jay, Year)	INJ	URY 1	WORK? YES 2	NO						
NDING NDING tr death	В	2 Outstand	28a. PLACE C	F INJURY — At ho	me, ferm, i				261, LOC	ATION (Street a	and Number or	Burni Bout	ha Mumber	_
ATTEN ATTEN ECTOR: s after n 28 t		4 Homicide 6 Could not be determined	building,	etc. (Specify)		,			City	or Town, State)	ind Number of	rioral riout	o Number,	
OIVISION OINTENDING DIRECTOR: After hours after death item 28 is ma	Ψ.	29a. CERTIFIER												_
2 2 Z Z Z	COMPLETED	(Check only												
NER PIN	ő	MEDICAL EXAMINE	RyOn the beals of a	xamination and/or	investigatio	n, in my opinio	on, death occure	ed at the	lime, date	and place, an	d due to the o	ause(a) ar	id manner as stated.	
HE FU	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	V		_		29c. LICE	NSE NUM	BER		29d, DATE S	IGNED (M	onth, Day, Year)	_
TO THE HOSPITAL OF THE FUNERAL DE FIGE WITHIN 72 h	m	401	un r	NU			1	350	3		<b>&gt;</b> 7	117	197	
FFA	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type.	Print)		~~	-	,		1	/ )	_
											_	_		
		Joseph Kaplan, M	32 FEGISTRA	AR'S SIGNATURE	LIII S	quare	Drive.	Ba1	timo	re. Ma	ryland	1 2	237	_
	- 1	FEB 1 7 1993	foliand	R'S SIGNATURE	whath									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



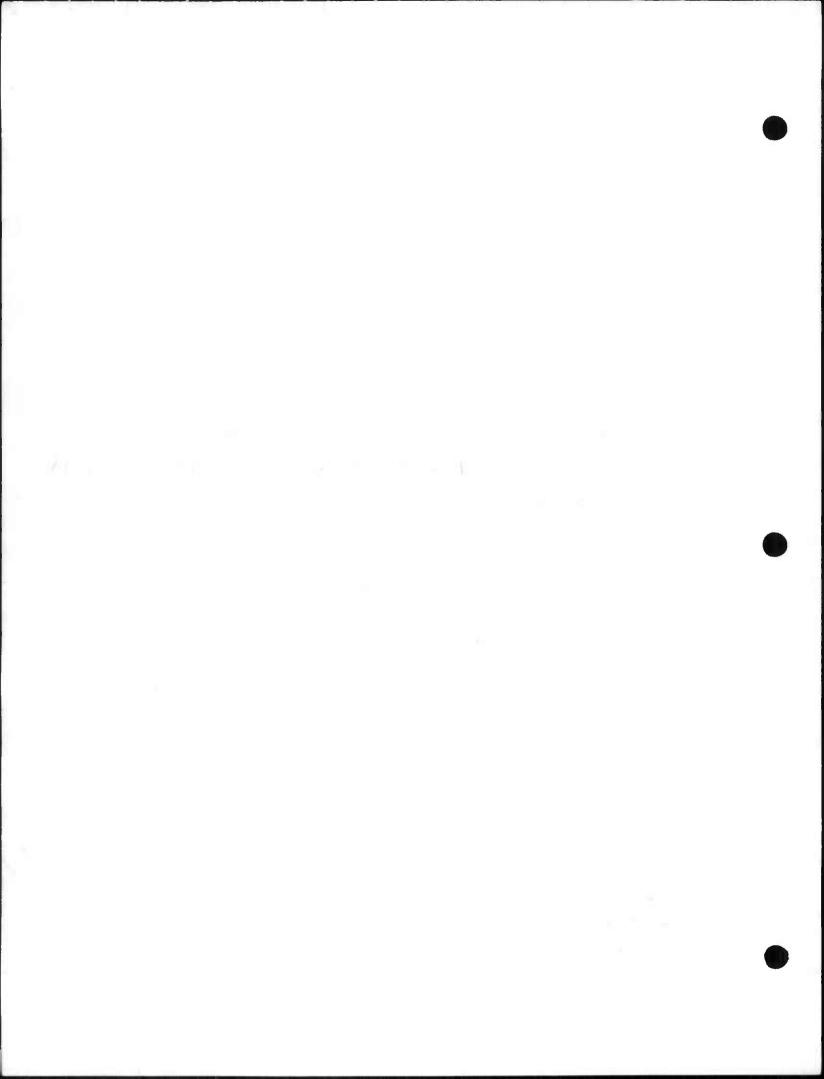
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

To The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To The FIGUREAL DIRECTOR: A page 10 strained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to bunial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

						211111	ICAIL	OF L	JEAIII	HEG. NO			
ı		1, DECEDENT'S NAME (First, Mid	idle, Last)	Betty	L. P	arker	•			2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	199	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1	'EAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
	i	225-84-8425		1 🗆 M 2 💢 F	36	YRS.		DAYS	HOURS MIN.	(Month, Day, Year) 12-2-19	56	Countr	V A
9	5	56. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH									EATH		
action	5	RESIDENCE OF DECEDENT											
Į į		10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
- 1		Md Baltimore										LIMITS?	
CHACDAL		109. STREET AND NUMBER  109. CITIZEN OF WHAT COUNTRY  21244  USA								WHAT COUNTRY?			
13	5 1	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13, WA	S DECEN	IDENT OF HISPAI	NIC ORIGIN? (Specify Yes			— American Indian.
>	- 11	1 ☐ Never Married 2 ☑ Married   FORCES? 1 ☐ YES 2 ☑ NO   IF YES, GIVE WAR OR DATES					1 TYES 2 TA NO Specify: Specify:					k, White, etc.	
2	9	15. DECEDER	NT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL OCC	IPATION		16b, KIND OF BU	PINESCUND	ICTOV	DLACK
I E		(Specify only high		completed)	(0	live kind of	work done dur	ing most o	of working	160. KIND OF BU	SIME 22/INDI	USTRY	
1 5		Elementary/Secondary (0-12)		College (1-4 or 5	•								
Once.		17. FATHER'S NAME (First, Middle,		1YR.									
5 E	3	LOUIS RIDLE								ME (First, Middle, Maiden			
B 8	ŧ 1							_	BEULA	H ROYSTER			
		19a. INFORMANT'S NAME (Type/P								Route Number, City or Tow	n, State, Zip	Code)	
2 5		EDDIE PARK	ER	SR.			SPRI				LTO.		
examiner must be notified at once.		1 N Buriel 2 Cremation 3 4 Donation 8 Other (Spec	clfy)	(T- 82.22)			OF DISPOSITI			2/19/93 RA	CATION — C	STOC	44
<u>ë</u>	Ì	21. SIGNATURE OF FUNERAL SE	RVICE LIC	ENSEE	1/		22. NA	ME AND	ADDRESS OF FA	CILITY		140-	
E Xa		* Xali	1	Mus	ch				F/H We				
	1	23. PART I. Enter the disess	ses. Dr.c	Omolications the	t caused the d	eeth Do	not enter th	000 1	Wabash	Avenue			
шедіса		ahock, or heart	fallure. L	ist only one csu	se on each line	Ð.							Approximate Interval Between
T S	- {	IMMEDIATE CAUSE (Fine)		n. 1	1		17 _	. (		-	21		Onset and Death
5		resulting in deeth)		120	4 TCT	. •	4	ean	1 6	ancer (	ulm	my	1 (omos
event,	- 11			DUE TO	(OR AS A CONSE	QUENCE O	FI:				2		
	:	P 505		15-1	and the	(0-							Sugar
	2	Sequentially list conditions, if any, leading to immediate		DUE TO	(OR AS A CONSE	OUENCE O	F):						0
TIFICATION		cause. Enter UNDERLYING CAUSE (Disease or Injury											
		that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):						
CERTIFICATION		resulting in desth) LAST											
		DARE 11 OH 1 1 10											
We any injury,		PART II. Other significent co	ondition	contributing to	death but not	reeulting	in the unde	rlying c	euse given in	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
										1 YES 2	-		COMPLETION OF CAUSE
\$ <u>U</u>											110		OF DEATH?
<u>ء</u> ا										— I			1 Tes 2 No
NA NA		25. WAS CASE REFERRED TO ME	DICAL					00 PH AC	E OF DEATH (Ch				
PHYSICIAN:		EXAMINER?		HOSPITAL:			OTHER:			, ,			
5 ×		1 VES 2 NO		1   Inputient 2				Home	5 Rasidenca	8 Other (Specify)			
e, E		27. MANNER OF DEATH  Natural 5 Pend	la a	28a. DATE OF (Month, D		28b. TIM	E OF 26 URY	c. INJUR WORK	Y AT	28d. DESCRIBE HOW II	NJURY OCC	URED	
BY Pt	1		ing tigation			200	М	YES	2 🗌 NO				
		3 Suicide 8 Could		28e. PLACE O	F INJURY — At ho	ome, farm, s	street, factory	office		28f. LOCATION (Street a	nd Number o	or Rural R	loute Number,
TED 18		4 Homicide detar	mined		and (opening)					City or Town, State)			
COMPLETED		29a. CERTIFIER 1 CERTIFYIN	NG PHYSIC	IAN: To the heat of	my knowledon 4	oth annual	ad as the sta	dat:	d alone in the dist				
=   &										to the cause(s) and man			
BE COMPLE			_	- On the Date of a	enmenon and/or	ves(igatio	n, in my opin	run, dest	n occured at the	time, data and place, an	due to the	cause(a)	) and manner sa stated,
BE		296. SIMMATURE AND TITLE OF	ERTIFIER					21	9c. LICENSE NUI	Pr and	29d. DATE	SIENED	(Morth, Day, Year)
2		1h	/ ~	2 ~	1			I	3715	08	12	-/(3	5 775
F		30. NAME AND ADDRESS OF PER	SON WHO		SE OF OEATH (ITE		-	1	0	1 /			,
			~~ *	, (	1116	27-	n C	ah	LSC	It. mo	21	20	7
		31. DATE FILED (Month, Day, Year)	12	32. REGISTRA	R'S SIGNATURE					·			
L		FEB 17 199	13	Junarian	down-hand	et.							
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	1 7 6.							
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN PETER PETER  2. DATE OF DEATH MONTH DAY YEAR 4 18								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)   1911   R. BIRTHPLACE (Sten Months Days Hours Min.   Sept.   37. DATE OF BIRTH (Month, Day, Year)   1911   Tarylan	or Foreign							
OB	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH Pranklin Sq. Hospital Rossville Baltimore	-							
DIRECTOR	Maryland Baltimore Essex 10d. COUNTY  10d. STATE 10d. COUNTY 10d. INSIDI	37 XX							
FUNERAL (	100. STREET AND NUMBER 101. ZIP CODE 102. STREET AND NUMBER 711 Norris Lane 102. ZIP CODE 103. CITIZEN OF WHAT COUNT USA								
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XNO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.)  14. RACE — America Black, White, etc.  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— II. RACE — America Black, White, etc.)  16. Yes 2 XNO Specify: Specify:	n indlen,							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondag (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) Production Co-Ordinator  Areo-Space								
w willows a second a									
TO B	II 190 INFORMANT'S NAME (Typo/Print)								
	20e. METHOD OF DISPOSITION  1 M Burlai 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetral remarks)  20c. LOCATION — City of Town, State  20c. LOCATION — City of Town, Sta								
	21. SIGHATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Bruzdzinski Funeral Home PA								
	shock, or heart failure. List only one cause on each line.	roximate val Between et and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
CER	d								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2	PRIOR TO N OF CAUSE							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
Sic	EXAMPLER?  1 DYES 2 NO  HOSPITAL: 1 the patient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)								
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28s. DATE OF INJURY (Month, Day, Year)  28s. DATE OF INJURY WORK?  M 1 YES 2 NO								
0	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number of City or Town, State)								
COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.	or as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE	Year)							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								

32. REGISTAN'S SIGNATURE

FR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

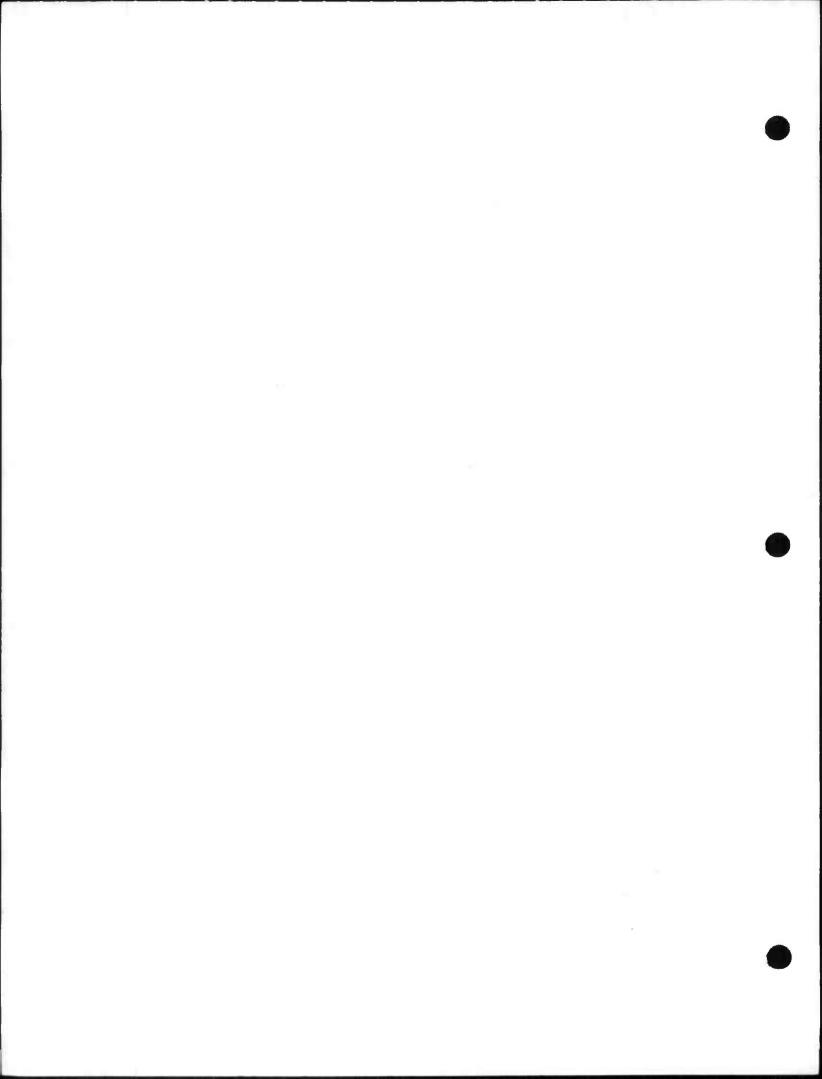
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

											9	3 (	3743
	1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	RTMEN	T OF H	HEALTH	AND I	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				10/11		<u> </u>		2. DA	TE OF DEATH		3.	TIME OF DEATN
		Florence	e D.	Par	1et	t.			MO	2/16/	1993	YEAR	prox 1A
	4. SOCIAL SECURITY NUMBER	T				1 24 HRS.	7 04	TE OF BIRTH			NCE (State or Foreign		
	217-32-7762	1 - M X X X	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Country)				
	9e. FACILITY NAME (If not institution, give s			_	9h CIT	Y, TOWN (	OR LOCATI	ON OF DE		7 30/1.			
Œ	1400 1												
DIRECTOR	RESIDENCE OF DECEDENT		Baltimore								Cit	, У	
Ä	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION									d. INSIDE CITY	
0	MD Ci		Baltimore								XX	LIMITS?	
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ		COUNTRY?
FUNERAL	1400 North	rate Roa	d		212				1.8		1 т	U.S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		MED	13	. WAS DEC		_		SIN? (Specify Yes			American Indian.
	1 Never Married 2 Married	FORCES? 1 Y		4QX		If yes, sp	acify Cubs	n, Maxica	n, Puerl	o Rican, atc.)		Black, W	hite, etc.
ВУ	X X X Idowed 4 Divorced	17				1   123	XXX	apocny				Specify:	White
E	. 15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL	DCCUPATIO	ON		1	6b. KIND OF BUS	SINESS/INDU	ISTRY	
🗓	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.	during mo	IST OF WORKI	ng					
AP I		+4	Nu	ırse						Medic	cal		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NAI	ME (Firs	t, Middle, Maiden	Surneme)		
Unknown Unknown													
19a INFORMANT'S NAME (Ama/Prior)													
Dorothy Thornberry 3144 Remington Avenue Balto, M								, MI	21211				
	20a. METNOD OF DISPOSITION TO Rarial 2 Cremation 3 Ram		20b. PLACE	ANDDATE	OF DISPO	SITION /No	me of		D.		CATION - C	ity or Town,	State
	4 Donation 5 Other (Specify)	Oval from State	Drui	matory or o	1 d q	e Ce	emet	ery	2	/18 P:	ikesv	ille	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_		22	. NAME AN	ID ADDRE	SS OF FAC	CILITY				
	12Mil.	1/		1						uneral			
	23. PART I. Enter the disesses, or o	andlesian	in	un	3	631	Fal	ls	Rd.	Balto	o, MI	212	
	ahock, or heart fallure.	List only one cause o	n each line	).									Approximate Interval Between
1 1	IMMEDIATE CAUSE (Final disease or condition										Onset and Death		
	resulting in death) a. DUE TO (OR AS A CONSCIUENCE OR)								eare	/			
_	DUE TO (OR AS A CONSEQUENCE OF):												
0	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				. ,.					,			
[윤]	CAUSE (Disease or injury that initiated events	CDUE TO (DR A	AS A CONSEC	DUENCE D	F);	_							
	resulting in death) LAST	d.											
빙													
AL	PART II. Other significant condition	a contributing to dest	th but not n	esulting	In the u	nderlying	cause g	given in	Part I.	24a, WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDICA										1 TYES 2		CO	MPLETION OF CAUSE DEATH?
ME													YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATN (Che	ck only	one)			
Š	1 TES 2 NO	1 Inpetient 2 ER/C	Outpatient 3	□ DOA	OTHE 4 Nu		• 5 ⊕ Ae	sidence	6 🗆 Ot	her (Specify)			
РНУ	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yea	RY ar)	28b. TIM	IE OF	28c. INJ	URY AT		28d. D	EȘCRIBE NOW II	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation		,		M		ES 2	ND					
3 Suicide s Could not be 28s. PLACE DF INJURY — At home, farm, street, tectory, office 28t, LOCATION (Street and Number or Rural Route										Number,			
	4 Homicide detarmined							_ 1		ty or Town, State)			
12	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my kr	nowledge, de	ath occurr	ed at the	time, date	and place.	and dua	to the c	euse(a) and men	mer es states	1.	
E.COMPLET		R: On the basis of examine											d menner as stated.
Ö	296. SIGNATURE AND TITLE OF GERTIFIE			1,112				NSE NUM					nth, Day, Year)
O	Lother W	1500.	a h	nn		- 1		206		9,	DATE T	/ / -	16-
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLER OF	054711 /1755	مد	0.1.11			- 6	-	/		117	175

ie 6800 York Rd

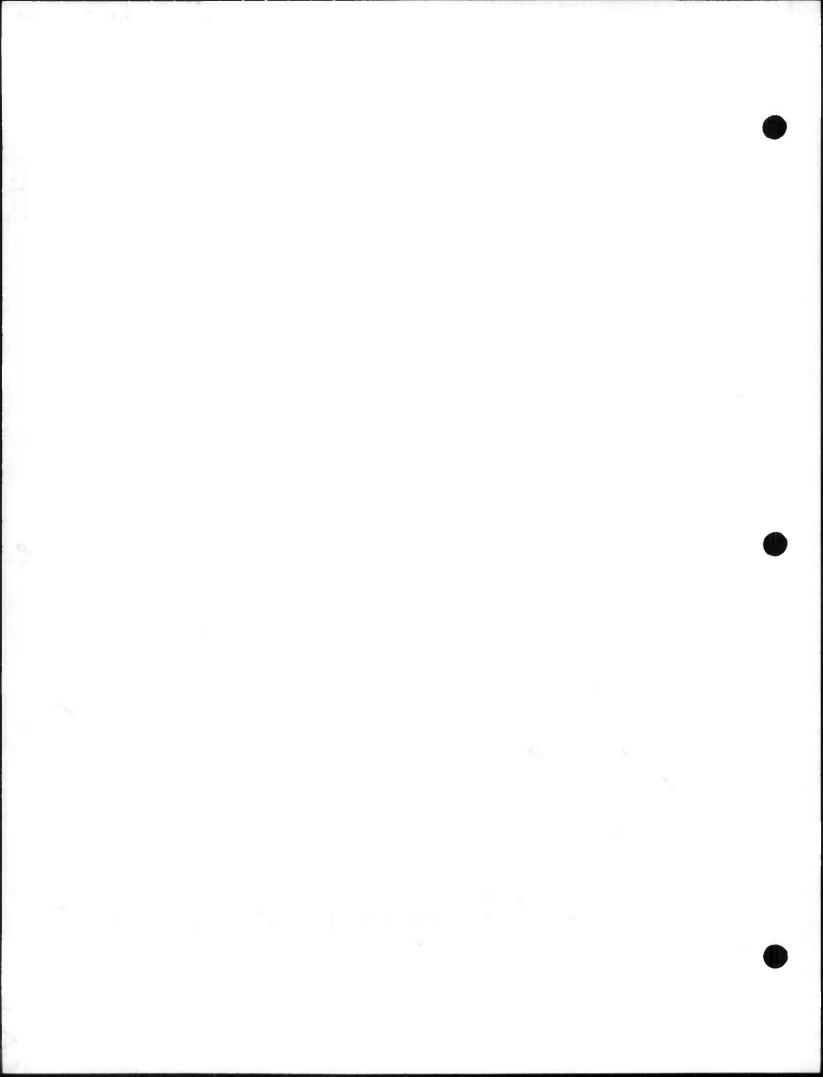
32. REGISTRAR'S SIGNATURE Bowie

John



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	á	
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		1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL	HYGIENE REG. NO.	0 001			
	3	1. DECEDENT'S NAME (First, Middle, Last)	1 7 \				2. DATE (	OF DEATH DAY	3. TIME OF DEATH			
7		MYAKOLAU (My		PERU			02	11 1	993 08:54 P*			
ъ		Committee of the commit		in yrs. last birthdi 67 YRS	MONTHS P	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE C (Month, 02 -	P BIRTH Day, Your) 1925	BIRTHPLACE (State or Foreign Country) UKTaine			
2, 3 should	~	9a. FACILITY NAME (If not institution, give stre				OWN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH			
1, 2, 3	DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL		BALT	IMORE		BAL	TIMORE CITY			
permit. Pages 1,	IREC	10a. STATE 10b. COUNTY			CITY, TOWN OR				10d. INSIDE CITY LIMITS?			
rmit. P		Maryland			Baltim	ore City		1.0	1 🖄 YES 2 🗌 NO			
-ts	ERA	226 South Wash	ington Str	eet		21231			ted States			
be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit in notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2)(10	If y	S DECENDENT OF HISP be, specify Cuben, Mexi YES 2 NO Spec	can, Puerto Ri	(Specify Yes or No	4. RACE — American Indian, Black, White, etc. Specify: White			
attendiu se as t	60	15. DECEDENT'S EDUCA	ATION	16a. DECEDEN	T'S USUAL OCCL	JPATION	16b.	KIND OF BUSINESS/INDU				
oital or a	LET	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	Tues retired.)	ng most of working Enginee						
the hospita detached 1 once.	COMP	17. FATHER'S NAME (First, Middle, Last)		3000	ronar y			iddle, Maiden Surname)				
d by the be	BE C		P	erun		Mar	ie					
e retained is 5 should notified	10	100. INFORMANT'S NAME (Type/Print) Stefan Perun				treet end Number or Run Marlin	al Route Numbe	ESSEX, MI				
6 may be ector, page must be		20a METHOD OF DISPOSITION 1 Disposition 3 Remove	rel from State 20b.	PLACE AND DA	TE OF DISPOSITION		DATE					
Page (		21. SIGNATURE 05-7 DINERAL SERVICE LICES		L. MIC		UKI. Cem		Baltim	ore, MD			
ter death. Page 6 m the funeral director, yval.		> I fearly	e Sol	6	Li	lly & Ze	iler,		neral Home			
d in by the or removal medical		23. PART I. Enter the diseases, pr co shock, or heart fallure. Li	mplications that caused	the death. D	o not enter the	e mode of dying, su	rn Av	e. Balto	., MD 21231 st, Approximata			
executed within 24 hours after death. Page 6 may and completely filled in by the funeral director, pa o burial, cremation, or removal. matic event, the medical examiner must b		IMMEDIATE CAUSE (Final			Lanch	an and	111		Interval Between Onset and Death			
omplete I, crem event,		resulting in death) a.	MACCOTO DUESTO (OR AS A			-	HORY	penearoras ta	regarde less that			
	TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS & CONSEQUENCE) OF:										
physician ne prior t	FICA	CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
th certi	CERTIFICATION	resulting in death) LAST										
the death y the atter d Mental injury, o	AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
	EDIC/	Obesity, diabeles mellitus  Performed?  ANULABLE PRIOR TO COMPLETION OF CALL OF DEATH?										
PHYSICIAN: The law requires that this certificate has been signed b with the State Dept. of Health ar riked, or Item 23 shows any	Σ								1 TES 2 HO			
he law has b b Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	Check only one	)				
rificate he State or item	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: I Inpetient 2 - ER/Outpe	ntlent 3 DO/	OTHER:	Home 5 - Residence						
NG PHYSIC fler this ce sath with the	ву РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		INJURY	c. INJURY AT WORK?	28d. DE\$0	RIBE HOW INJURY OCCU	RED			
L DR ATTENDING P L DIRECTOR: After to hours after death item 28 is mark	ED	2	28e. PLACE OF INJURY building, etc. (Speci	— At home, fari	n, street, factory,	office	28f, LOCA City of	FION (Street and Number of Town, State)	r Rural Route Number,			
R AL	COMPLET		AN: To the best of my knowle						i. cause(s) and manner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 I	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0.		on my opini	29c. LICENSE N			SIGNED (Month, Day, Year)			
5 5 3 W	2	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 97) (T	ma Print	JHH # 3	20A6	> Z	11/93			
			10 Tower My	whor,	Johns !	topkus Hor	s putal	4004 002 FBJ	L Wolfe St			



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TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI DE filed within 72 hours at IMPORTANT; If Item 2

burial-trans

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2-15-93 Charles E. Peck 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-09-6554 1 🕅 M 2 🗌 F YRS. 8-12-1915 Illinois 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 5617 North Avenue Baltimore Baltimore Co. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore County Md. Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5617 North Avenue 21206-1425 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 T Married if yes, specify Cuban, Maxican, Puarto Ri 1 [ ] YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify WWII White COMPLETED 15. DECEDENT'S FOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Elementary/Secondary (0-12) College (1-4 or 5+) 2 yrs. Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE Chapman Peck Edna Ford 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie M. Peck 5617 North AVenue Baltimore, MD. -21206-1425 20s. METHOD OF DISPOSITION
1 □ Burlel 2 1 Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Baltimore, Maryland Greenmount Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 BElair Road Kathleen JOhn C. Miller, Inc. Baltimore, MD. -21206 23. PART i. Enter the diseases, or complications the coused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory street. Approximate ehock, or heert fellure. Liet only one cause on each line. intervsi Between **IMMEDIATE CAUSE (Finel Onset and Death** diseese or condition Myscardial Infarct
DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) monutes Congestive Heart MEDICAL CERTIFICATION Sequentially list conditions. DUE TO OR AS A CONSEQUENCE OF if sny, leeding to immediate cause. Enter UNDERLYING Coronary Artery
DUE TO (DR AS A CONSEQUENCE DF): CAUSE (Disease or injury Years that initiated events resulting in desth) LAST aostic Stenosis Y-ears PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE Hyperli 1 TYES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one)									
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA	OTHE 4   Nu	R: irsing Home 5 X Rasidence	enca 6 Other (Specify)						
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED						
3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At ho building, atc. (Specify)	LACE OF INJURY — At home, farm, street, factory, office utiding, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number City or Town, State)						

29e, CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

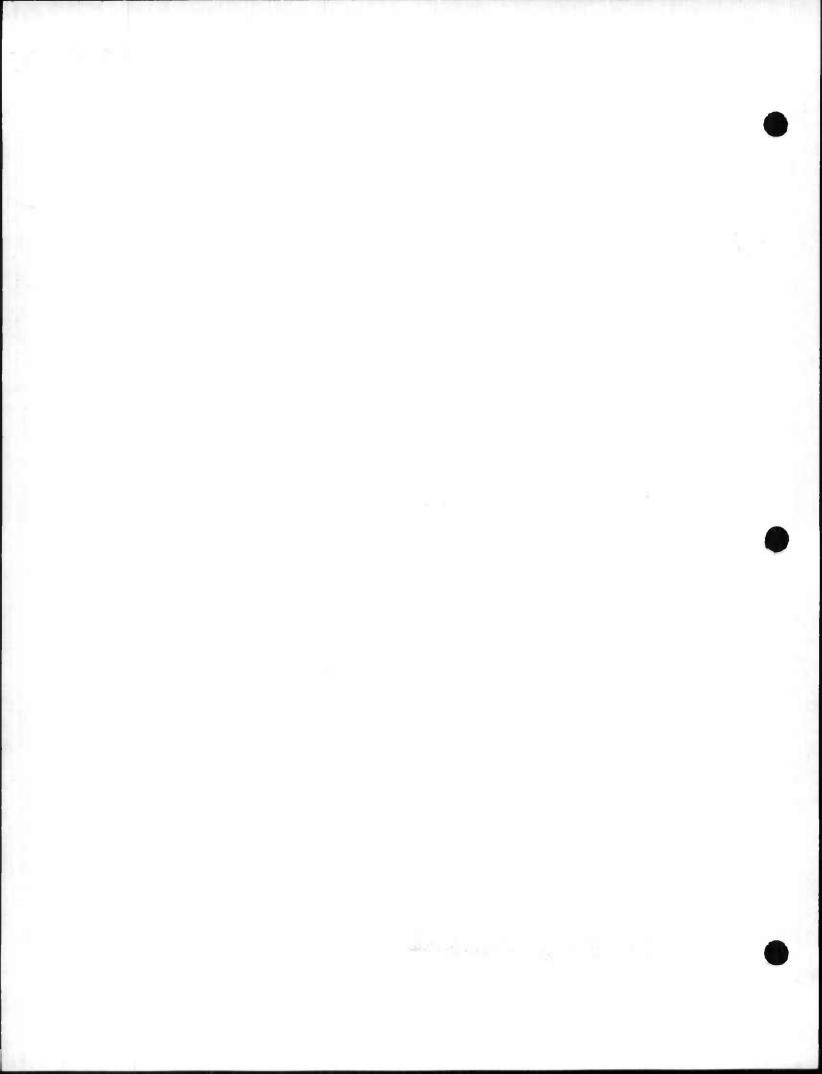
29c. LICENSE NUMBER

40185 2 16 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Harford Rd Suite 201 Baltimore MO 21234 9512

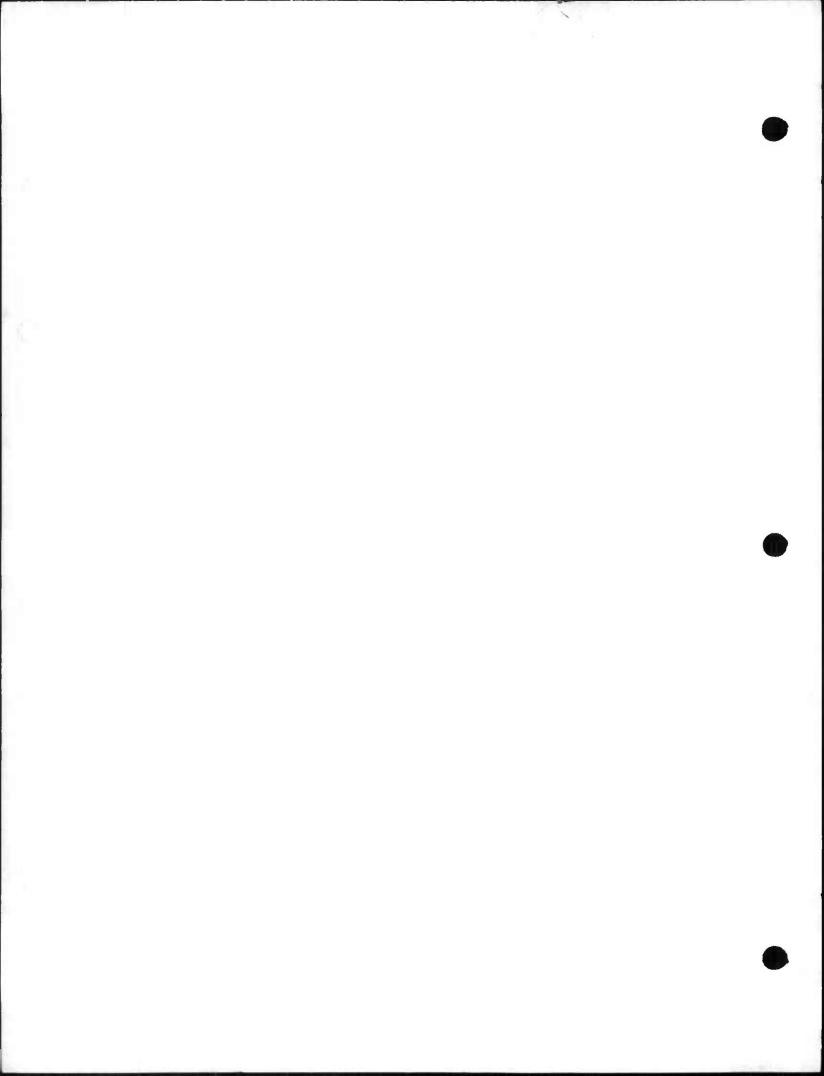
31. DATE FILED (Month, Day-Year)
FEB 1 7 1993 32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29d. DATE SIGNED (Month, Day, Year)



	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		11:55 P.M			
	1. DECEDENT'S NAME (First, Middle, Last)	0 . /-			2. DATE OF DEATH	AY YEAF	3. TIME OF OEATH			
	10.400		LORENCE PR	ITT)	2 0		2355 m			
	4. SOCIAL SECURITY NUMBER 081–22–6985			NDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH	7. DATE OF BIRTH  S. BIRTHPLACE (State or Foreign  NEW YORK				
		O81-22-6985 1 M 2 F S YRS. WONTHE DAYS HOURS WIN. JULY 107 1904 WILL FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE								
DIRECTOR	HOWARD COM	,	,	Columbia, 1		1	ird County			
1 2	10a. STATE 10b. COUNT		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY			
	111111111	HOWARD		COLUMBIA			LIMITS?			
FUNERAL	100. STREET AND NUMBER 6336 CEDAR LANE			101. ZIP CODE 21044			F WHAT COUNTRY?			
J. NE	11. MARITAL STATUS	12. WAS OECEDENT EVER II	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ODICINO (Specific Vi		ACE American Indian,			
BY FI	1 Never Married 2 Married 3 X ddowed 4 Divorced	2 ANO ATES	If yes, specify Cuben, Mexico	in, Puerto Rican, etc.)	Black, White, etc.					
		WHITE								
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred.)  MANUFACTURER  16b. KIND OF BUSINESS/INDUSTRY  MANUFACTURER  17. FATHER'S NAME (First, Middle, Last)										
MPL	12		MAN	UFACTURER		JEWELRY				
OS	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)									
BE	LOUIS LESNOY ZELDA (UNKNOWN)									
2										
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem		PLACE AND DATE OF OR		DATE 20c. LC	CATION — City or	Town, State			
	4 Donation 5 Other (Specify)		COLUMBYA OF	MORIAL PARK	2-12-93 C	OLUMBIA,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LIK	Le Leve	noon	22. NAME AND ADDRESS OF FA		SBALIS:,	MD 21215			
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused List only one cause on e	the death. Do not e	nter the mode of dying, suc	h as cardiac or resp	iratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final disease or condition	Ca cause on e	-A	1/- +	- F /	1.	interval Between Onset and Death			
	disease or condition resulting in death)  one to (on as a posseous)  one to (on as a posseous)  one to (on as a posseous)  one to (on as a posseous)									
z		b	J							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE DF):							
FIC	CAUSE (Disease or Injury that initiated events	C DUE TO (OR AS A	CONSEQUENCE DF):							
ER	resulting in death) LAST	d								
AL C	PART II. Other algnificant condition	na contributing to death b	ut not resulting in th	underlying cause given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						V.	OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE DF DEATH (Ch	eck only one)					
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA 4 DOA 28b. TIME OF	Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	N HIRV OCCURED				
BY PI	1   Netural 5   Pending	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 ND	260. DESCRIBE HOW	NOORY OCCURED				
ED B	3 Suicide 8 Could not be	and Number or Run	al Route Number,							
ETE	4 Homicide detarmined				City or Town, State					
COMPLET				the time, date and place, and due my opinion, death occured at the			e(a) and manner as stated.			
E C	296, SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUI			ED (Month, Day, Year)			
N.11/1m + 11/1-1   1020 718   > 1/1-1										
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)							
	31. DATE PICED (Month., Ony., Year) 1993	732 REGISTRAR'S SIGN	ATURE D							
u 1	4 1 1000	1	- income							



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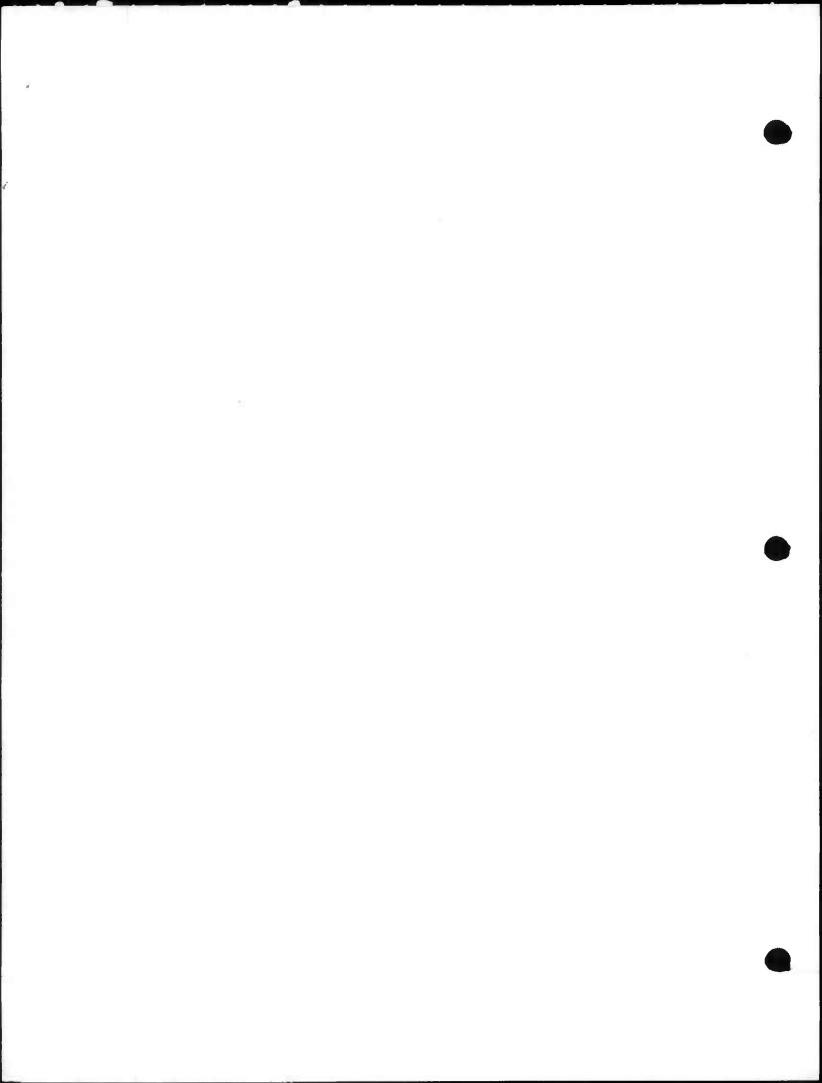
DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH MONTH JOANN E ROSE 2:11 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4/2/44 1 M 2 F 219 40 1972 48 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3429 ROLAND AVE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VIMITS?

T YES 2 NO Baltimore Maryland 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3429 Roland Avenue 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 LINO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 | Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 X X Veronsed Specify: white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 12 Book Binder Book Binding once. 17. FATHER'S NAME (First, Mickele, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Casey petition the INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul Brown 3429 Roland Avenue, Baltimore, Md 21211 2 20e. METHOD OR DISPOSITION
1 □ Burlel 2 □ Crefnation 3 □ Rer
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Metro Crematory or other place) 2/13 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, MD21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line. Approximate intarval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition LIVER resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CHRONIC ALCOHOLISM CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has by Dept. 25. WAS CASE REFERRED TO MEDICAL : After this certificate har r death with the State D is marked, or item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: 1 X YES 2 | NO 4 □ Nursing Home 5. Realdence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Naturel BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) : FUNERAL DIRECTOR: A 1 within 72 hours after dt RTANT: If item 28 is ETED 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 TM MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL TO THE FUNERAL DE BE FILE WITHIN 72 H 2 [X] MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 O.C.M.E. 2-12-1993 OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland GOLLE 21201 32. REGISTRAR'S SIGNATURE

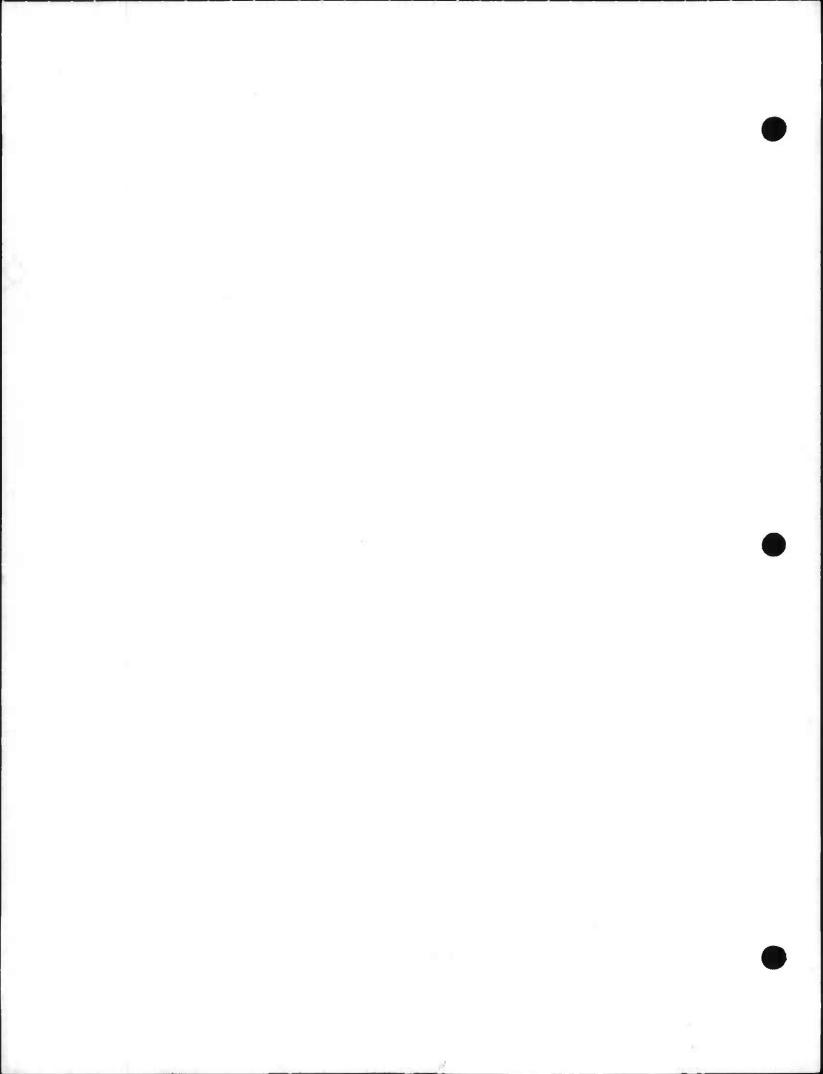
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: This was mapping from the properties of the mapping of the properties of the properties of the properties of the properties of the properties of the physician.	TO THE FUNERAL DIRECTOR: After this certificate in seven wound to permit and physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	madical assurings must be notified at once
D. BOX 68760,	rtificate be executed within 2	g physician and completely	iene prior to burial, crematic	ther fraumatic event th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The The Implicate Transporter (Not)	TO THE FUNERAL DIRECTOR; After this certificate has been soned by a manufaing	be filed within 72 hours after death with the State Dear of Hearth and Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked or Item 23 shows any Inter, or of

ATYLAND NUMBER 3917 Secon  ARITAL STATUS  Never Married 2 M Widowed 4 Divore  15. DECEE (Specify only I)  Generatory/Secondary (8-1)  10th Grade  ATHER'S NAME (First, Mich.	itution, give street  EDENT  IOB. COUNTY  COUN	et  2. WAS DECEDENT EV FORCES? 1 1  IF YES, GIVE WAR C	70  YER IN U.S. AR YES 2	YRS.  10c. CIT	IF UNDE MONTHS  9b. CIT!  Y, TOWN  Da	OR LOCAT	F UNDER HOURS R LOCATION	MIN. ON OF DE	2. DATE OF DE MONTH  7. DATE OF BH (Morth, Day,	ATH PAY	Sc. COUNT	-Mar	yland			
ACALITY NAME (II not institute of the control of th	itution give street  EDENT  10b. COUNTY  Clarified  ed  DENT'S EDUCA  highest grade co  2)  clarified  die, Last)	et and nymber)  Let till  et and nymber)  Let till  et till  et till  et till  forces? 1   1	70	YRS.	96. CIT	DAYS  Y, TOWN O  ALL  OR LOCATI  LUM	R LOCATION ON ION	MIN. ON OF DE	(Moren Day,	Ypar)	12	-Mar	yland EATH  10d. INSIDE CITY			
SIDENCE OF DECE STATE ATYLAND STREET AND NUMBER 3917 Secon JARITAL STATUS Never Married 2 M Widowed 4 Divore  15. DECEE (Specify only I) Jernentary/Secondary (8-1: 10th Grade ATHER'S NAME (First, Midd	DENT'S EDUCATION (In Last)	et  2. WAS DECEDENT EV FORCES? 1   1 IF YES, GIVE WAR (	YES 2 V	MED	Ba	OR LOCATI	nion nina		ATH		sc. coun		10d. INSIDE CITY			
STATE  A LY J and  STREET AND NUMBER  3917 Secon  JARITAL STATUS  Nover Married 2 M  Widowed 4 Divorc  15. DECET  (Specily only 1  Jernentary/Secondary (0-1:  1 Oth Grade  ATHER'S NAME (First, Middle)  INFORMANT'S NAME (Typ	d Stre	2. WAS DECEDENT EV FORCES? 1 U IF YES, GIVE WAR O	YES 2 V	MED	Ba	OR LOCAT	ion Nins					7				
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ARITAL STATUS  Never Married 2 M Widowed 4 Divore  15. DECET (Specify only 11  Commentary/Secondary (9-1  10th Grade  ATHER'S NAME (First, Mich.	DENT'S EDUCA' DENT'S EDUCA' Sphest grade co	2. WAS DECEDENT EV FORCES? 1 U IF YES, GIVE WAR O	YES 2 V			1000		1 € YES 2  10a. STREET AND NUMBER  101. ZIP CODE  10g. CITIZEN OF WHAT COUNTR								
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(Specify only I Iomentary/Secondary (0-1) 10th Grade ATHER'S NAME (First, Mick	2) die, Last)	mpleted)							etc.)	Black, White, etc. Specify:						
Informant's NAME (Type  Informant's NAME (Type)	2)		16a. DE	CEDENT'S	USUAL C	OCCUPATIO	N		16b, KIND	OF BUSI	NESS/INDL	ISTRY	White			
INFORMANT'S NAME (Typ		(Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5+)  10th Grade				during mos	st of working	g	100		aker	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	M						18. MOTH	IER'S NAM	AE (First, Middle,	Maiden S	umame)					
	Miles L. Anthon					Annie K. Cre						eighton				
Anna Ridgeway					ng Address (Street and Number or Aural Acute Number, City or Town, State, Zip Code)  — 2nd Street Baltimore, Maryland 2122						d 21225					
METHOD OF DISPOSITION Burial 2 Cremation	3 Ramovi	al Irom State	20b. PLACE				me of		1		ATION — C					
Donation 5 Other (S		IGEE	Cedar	Hil	1 Ce	<u>emete</u>			2/15	Ba1	timo	re,	Maryland			
Op.	-	2		11.	Ğ	eorge	∃ J.	Gond	e Fune	ra1	Home	P.2	Α.			
Jeco /				ove	4	001 I	Ritch	nie H	wy. B	alti	more	, Mo	1. 21225			
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death																
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Manural 5 Pe						WO	RK7	I NO	28d. DESCRIBE	HOW INJ	JUNY OCC	UNED				
2 Accident Investigation					street, fac		-				d Number o	or Aural A	loute Mumber,			
													a) and menner as stated.			
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AME AND ADDRESS OF I	PERSON WHO	REMINER OF	F DEATH (ITE	M 27) (Type	Print)	10 (4)		1	1							
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MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data of the property of the secretary of the secretary.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, described to the property of the secretary.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, described to the property of the p	George J.  4001 Ritch April I. Enter the diseases, of complications that caused the death. Do not enter the mode of dyl shock, or heart felture. List only one cause on each line.  DIATE CAUSE (Final see or condition ing in death)  DUE TO (OR AS A CONSEQUENCE OF):  Inequiry Due TO (OR AS A CONSEQUENCE OF):  II. Other significant conditions contributing to death but not resulting in the underlying cause of injury nitroted events ing in death)  III. Other significant conditions contributing to death but not resulting in the underlying cause of the conditions of the c	George J. Gond 4001 Ritchie I AND I. 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DIATE CAUSE (Final se or condition ing in death)  DUE TO ON AS A CONSEQUENCE OF:  Enter UNDERLYING E (Disease or Injury DUE TO ON AS A CONSEQUENCE OF):  Enter UNDERLYING E (Disease or Injury DUE TO ON AS A CONSEQUENCE OF):  B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORM  1 VES 2  HOSPITAL: 1 Trippestent 2 ENOutpatient 3 DOA 4 Norming Home 5 Heatdense 6 Other (Specify)  HESPITAL: 1 Trippestent 2 ENOutpatient 3 DOA 4 Norming Home 5 Heatdense 6 Other (Specify)  HESPITAL: 1 Trippestent 2 ENOutpatient 3 DOA 4 Norming Home 5 Heatdense 6 Other (Specify)  286. DESCRIBE HOW IN.  286. PLACE OF INJURY At home. Street, factory, office  287. PLACE OF INJURY At home. Street, factory, office  288. LOCATION (Street and Disce, and due to the cause(a) and mann of the policy of Times. State)  CRITIFIER 1 CERTIFIER 1 CERTIFIER 290. LICENSE NUMBER  EANO ADDRESS OF PERSON WHO COMPLETED DAUSE OF DEATH (ITEM 22) (Trop. Print)  EANO ADDRESS OF PERSON WHO COMPLETED DAUSE OF DEATH (ITEM 22) (Trop. Print)	George J. Gonce Funeral Home 4001 Ritchie Hwy. Baltimore 4	George J. Conce Funeral Home P. 1 4001 Ritchie Hwy. Baltimore, Mc 4001 Ritchie Hwy. Baltimore,			



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E	8		16
ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the host	COR. After this certificate has been signed by the attending physician and completely filled in by the humani director, page 5 should be detache		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
1. DECEDENT'S NAME (First, Models, 1)  ZARLXXXXXXXMAX	EARL D.	THE RESERVE OF THE PARTY OF THE			2. DATE OF DEATH DAI O2 08	93	08 40A ·				
220 30 3143	1 X 2 2 F	5. SEX 6. AGE (in yes, last birthday) # tak 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7. DATE OF BIRTH (Morth, Day, War)  08 14 0	1979	Maryland				
GREATER BALTI REBIDENCE OF DECEDENT	MORE MEDICAL	CENTER		OR LOCATION OF IMORE	DEATH	% COUNTY OF DEATH BALTIMORE					
10s. STATE 19b. CO		100	OCKEYSVI				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10s. STREET AND NUMBER	300 INTERNATIONAL CIRCLE					U.S.A.					
3 Widowed 4 Divorced	YER IN U.S. ARMED YES 2 ☐ NO OR DATES	If yes, a	21030 CENDENT OF HIS HICKLY Cuban, Max 1 2XXVIII Spe	PANIC ORIGIN? (Specify Yes loan, Puerto Rican, etc.)	CE — American Indian, ick, White, stc. icity: Vhite						
15. DECEDENT'S (Specify only highest ; Elementary/Decondary (0-12)  17. FATHER'S NAME (First, Africh, Last Annual Company Comp	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)				102-251/WE-WHOCKS	Westinghouse					
August H. Kulli	ullman Fanny A. Colley										
THE INFORMANT'S NAME (7)(PM/PINI)	Maryland Masonic Home  196. Malling address (Street and Number or Asset House Number, Cockeysville, Md 300 International Cir. Baltimore, Md. 21230										
A C Donnetton & C Other Charles	1 Describe 2000 remarks 3 Demoved from State 1200 Provided Company of the Company										
21. SIGNATURE OF FUNERAL SERVICE  ROLL  RO	Robert N	M. Kratz	4.011.000	hell-wi	edefeld Home	9	N				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condi	tions contributing to dea	ith but not resulting	not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO								
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL		26. F	LACE OF DEATH	Check only one)						
y [ resides a [_] rending	1 Dispatient 2 DEPL 29s. DATE OF (N.A. (Month, Day, W.	JRY 286, TIN	4 Nursing Hor SE OF 28c IN JURY W	NA 5 Aesidenc RURY AT PHKY YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED					
	be 28e. PLACE OF IN.	JURY — At home, farm, (Specify)	street, factory, offi		28f. LOCATION (Street an City or Revo. State)	id Number or Flure	Route Mumber.				
	HYSICIAN: To the best of my i						(a) and manner us stated.				
29b. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRESS OF PERSON	M	DEATH STEM 27 / No	ng	29c. LTCBNSE N	UMBER 25488	Pad. DATE SIGNE	9 (Month, Daf, War)				
31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S		-/			/	/ /				
FEB 17 199:		on Hardelle									

It is the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in mand Mental Hygiene prior to burial, cremation, or removal.

any injury, or other traumatic event, the medical examiner must be notified at once.

s, P.O. BOX 68	neath certificate be execute
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	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL	HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH		3,	TIME OF DEATH
- 33	EMMA MARTINI ROMMEL February 15, 1993										320		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	,		CE (State or Foreign
19	214-01-6946	1 M 2X F	90	YRS.	монтив	DAYS	HOURS	MIN.		Day, Year)	1002	Country)	
1	Se. FACILITY NAME (If not institution, give stre	set and number)	70	-	9b. CIT	Y. TOWN C	OR LOCATION	ON OF DE	July	0/,		Mary	
Œ	Stella Maris				Tows		011 01 01				ltimor		
5	RESIDENCE OF DECEDENT		Towson							e			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								100	I. INSIDE CITY	
	Maryland Bal		Towson							1[	LIMITS?  YES 2XXNO		
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA										COUNTRY?		
E E	2300 Dulaney Val	lev Road					21204					U.S	٨
S		12. WAS DECEDENT	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VINO IF YES, GIVE WAR OR DATES						NIC ORIGIN? (Specify Yes or No— 14. R sn, Puerto Rican, etc.)			14. RACE -	American Indian
	1 Never Married 2 Married											Black, WI Specify:	nite, etc.
В	3 X Widowed 4 Divorced											W	hite
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON of worth		16b. I	UND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	se retired.)	k done during most of working attract.)							
P P	6 years		Ac	count	ting	Cle	rk			I.R.	S.		
Ö	17. FATHER'S NAME (First, Middle, Last)	-			100		18. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
BE (	George Martini						A <sub>1</sub>	nna	Cain				
0	19a, INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									Code)			
F	Richard G. Gilley 5402 Springlake Way Baltimore, Maryland										21212		
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town. State												
	1   Burial 2 (A Cremation 3   Removel from State   Cemelery, crematory or other place)   4   Donation 5   Other (Specify)											Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6500 YORK Rd. Ba												
	George J. Fe	Mitchell-Wiedefeld Home 21212											
	22 BADT   Enter the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the diseases to apprellactions that are all the first the disease to apprellactions that are all the first the disease to apprellactions that are all the first the disease to apprellactions that are all the first the disease to apprellactions that are all the first the disease to apprellactions that are all the first the disease to apprellactions that are all the first that are all the first the disease to apprellaction that are all the first the disease to apprellactions that are all the first the disease to apprellaction that are all the first the disease to apprellaction that are all the first the disease to apprellaction that are all the first the disease the first the disease to apprellaction that are all the first the disease to apprellaction that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease that are all the first the disease the disease that are all the first the disease that are all the disease that are all the disease that are all the disease that are all the disease that are all the disease that are all the disease that are all the disease that are all the disease that are a												
	snock, or neert failure. List only one cause on each line.												
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	resulting in death)  a. Due to (or as a consequence or):												
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ERTIFICATION	that initiated events resulting in death) LAST	202.00	THE A COULT	GOENCE OF								i	
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	PART II. Other significant conditions	contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPS PERFORMED?									RE AUTOPSY FINDINGS		
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¥													DEATH? YES 2 NO
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₹ I	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetion 2 ER/Outpation 3 DOA 4 Nursing Home 5 Residence 6 Other (S (Morth, Day, Year)  27. MANNER OF DEATH 28. DATE OF INJURY (Morth, Day, Year)  28. THE OF DEATH 28. DATE OF INJURY (Morth, Day, Year)													
Ŧ	27. MANNER OF DEATH	28b. TIM	Ib. TIME OF 28c, INJURY AT			alugilus	28d. DESCRIBE HOW INJURY OCCURED						
	1 Natural 5 Pending	(Month, Day	; Year)	INJ	URY	Y WORK?  M 1 YES 2 NO		∃ NO	Total State of the				
BY	Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 2st 10							28f. LOCAT	ION (Street )	and Numbe	or Bural Bouta	Alumber	
8								281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
iw	29e. CERTIFIER												
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  One)  2 MEDICAL EXAMINER: On the basis of araminetion and/or impediately in the properties of the course of the cause(s).												
8	and the cause(a) and manner as stated,												
BE	296. SIGNATURE AND TITLE OF CHITIFIER 29d, DATE SIGNED (Month, Day, Year)									nth, Day, Year)			
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31. DATE FILED (Month, Day, Year) FEB 17 1993 32. REGISTRAR'S SIGNATURE

TO THE FUNERAL DIRECTOR: After this certificate to be filed within 72 hours after death with the Suney IMPORTANT: It item 28 is marked, or learn

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL			MENT OF H		MENTA	L HYGIEN	<b>9</b>	3	03751	
		1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEATH	
	3	WESLEY	CHARLES	RUP	P			Fe	b. 10,	1993	TEAR	6:00 A M	М
		4. SOCIAL SECURITY NUMBER 218-01-9229	5. SEX 8. AGE (	(In yrs. last I		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 2/10/10		Country)	ACE (State or Foreign	
3 should		Sa. FACILITY NAME (If not institution, give s	itreet and number)	00	- 1	Db. CITY, TOWN C	OR LOCATION OF D		2/10/10	9c. COUNT	Mary		
2,	TOR										e Aru		
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION Glen Burnie						d. INSIDE CITY LIMITS?			
	FUNERAL (											T COUNTRY?	
020 physician. burial-transit	S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.   14. RACE										American Indian,	_
9 2 2	В	1)(X) Never Married 2  Married 3  Widowed 4 Divorced	² □no ates Army	NO If yes, specify Cuban, Mexican 1 □ YES 2 0 NO Specify							White		
215 attend	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECI	EDENT'S U	SUAL OCCUPATION MONTH MO	ON at of working	166	. KIND OF BUS	INESS/INDUS	TRY	MITTOC	
S 2	COMPLET	Elementary/Secondary (0-12) 4th Grade	Mo. D	NOT use .	Truck		Independent						
LAND the hospital detached to	SON	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden Surname)					
RYL ad by	BE	George Leroy	Rupp					Graham Rupp					
BALTIMORE, MARYLAND int death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached wal. Il examiner must be notified at once.	5	Mr. Edward H. Ru		AILING ADDRESS (Street and Number of Flural Ploute Number, City or Town, State, Zip Code)  11 McGuirk Drive, Glen Burnie, Md. 21060									
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Burlat 2 XI Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of campitary, crematory or other place)											
MO age 6 directo		4 Donetion 5 Other (Specify) Metro Crematory, INC.							2/11   Catonsville, Maryland				
ALTIM death. Page tuneral dire f.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Kevin E. Ecker  McCully Funeral Home of Brookly								klvn			
BA after de by the fu noval.		237 E. Patapsco Avenue, Balto., Md. 21225											
urs in the		23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between											
The second sease or condition								21/0		1 www.	n		
68760, occured within and completely burial, cremat		resulting in death)	DUE TO OR AS A	CONSEDU	IENCE OF):	way,	9	wy				array 9	,
68 and cand cand cand cand cand cand cand c	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. Due to (or as a conseduence of):										_
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	TIE	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQU	IENCE OF):								
OS, P.O. The death certification of the attending Mental Hygie	CEF		d										
2 2 4 B	AL	PART II. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b.									ERE AUTOPSY FINDINGS		
RECORE requires that the signed by the Health and the signed by the sign	MEDIC	Dasfets	Wellito					1 _ YES 2		COMPLETION O		MPLETION OF CAUSE	
REC											1 (	YES 2 NO	
A Care	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C						ne)				-
	S	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)										
NG PHYSIC fler this c eath with marked,	у РНУ	27. MANNED F DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJUR	WO WO	URY AT RK? /ES 2 NO	28d. DE	SCRIBE HOW II	JURY OCCU	RED		Ī
ATTENDING STOOMS STOOM After A	ED BY	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At hom	e, farm, str	eet, factory, office	•		CATION (Street a	nd Number or	Rural Route	e Number,	
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai	ETE	4 Homicide detarmined											_
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: Do the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as as										id manner as stated.	
HE FUT	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									onth, Day, Year)	-
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO B										93		
		Dr. Max C. Fra	ink, M.D., 7	575 F	27) (Type, P Ritch	nie High	nway, Gle	en Bo	urnie,	Md. 2	1061		
	1	31. DATE FILED Mouth, rigery, 119192	State district	April 1	16								

1993

9c. COUNTY OF DEATH

USA

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

Maryland

10d. INSIDE CITY

Black

21234

Approximata

24b. WERE AUTOPSY FINDINGS

1 - YE\$ 2 - NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset and Death

1 X YES 2 | NO

8. BIRTHPLACE (State or Foreign

REG. NO

D3030

2. DATE OF DEATH Elijah Feb FRANCTS RICHARDSON 11 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year Aug 3 1 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 X M 2 | F DAYS 214-20-4767 78 YRS 1914 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 5920 Leewood Avenue Catonsville RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Catonsville permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE detached for use as the burial-transit 5920 Leewood Avenue 21228 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XXVES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify 1 Never Married 2 Married BY 3 Widowed 4 Divorced World War II 16e. DECEDENT'S USUAL OCCUPATION

Third of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) College Koppers, Inc. once 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be Ħ Moses Richardson BE Lucy Crowner notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Linda L. Harmon 1647 Lyle Court Baltimore, Maryland pe 20a METHOD OF DISPOSITION
1. Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION — City or Town, State DATE must Temelen, cremetory or other preces; I'dD Veteran Cem/(;arrison 4 Donetion 5 Other (Specify) 2/17 Owings Mills, Maryland 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes, 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one ceuse on each IMMEDIATE CAUSE (Final the disease or condition resulting in death) taute executed within event, OF VITAL RECORDS, P.O. BOX 68760. DUE TO OR AS A CONSEQUE ICE OF attending physician and con intal Hygiene prior to burial, traumatic 8 CERTIFICATION Sequentially list conditions, if any, leading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) 0 HYSICIAN: The law requires that the death the atten Mental H PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? any 1 YES 2 NO shows ; the State Dept. of High or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 5 Residence 8 Other (Specify) 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 6 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) . 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 28 4 Homicide TO THE HCSPITAL OF ALL TO THE FUNERAL DIFFER DE fied within 72 hours MMPORTANT: If item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis tigation, in my opinion, death occured at the time, date and place, end due BE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

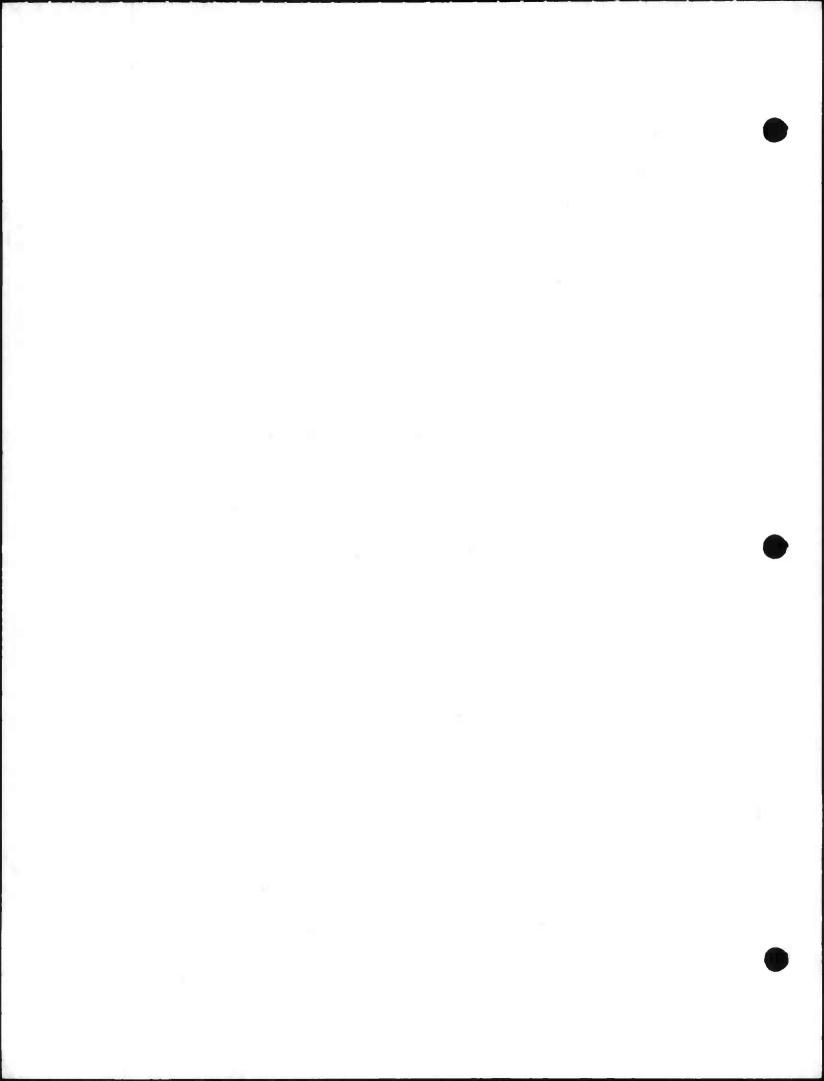
1. DECEDENT'S NAME (First, Middle, Lest)

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DHMH-16 Rev 1/89



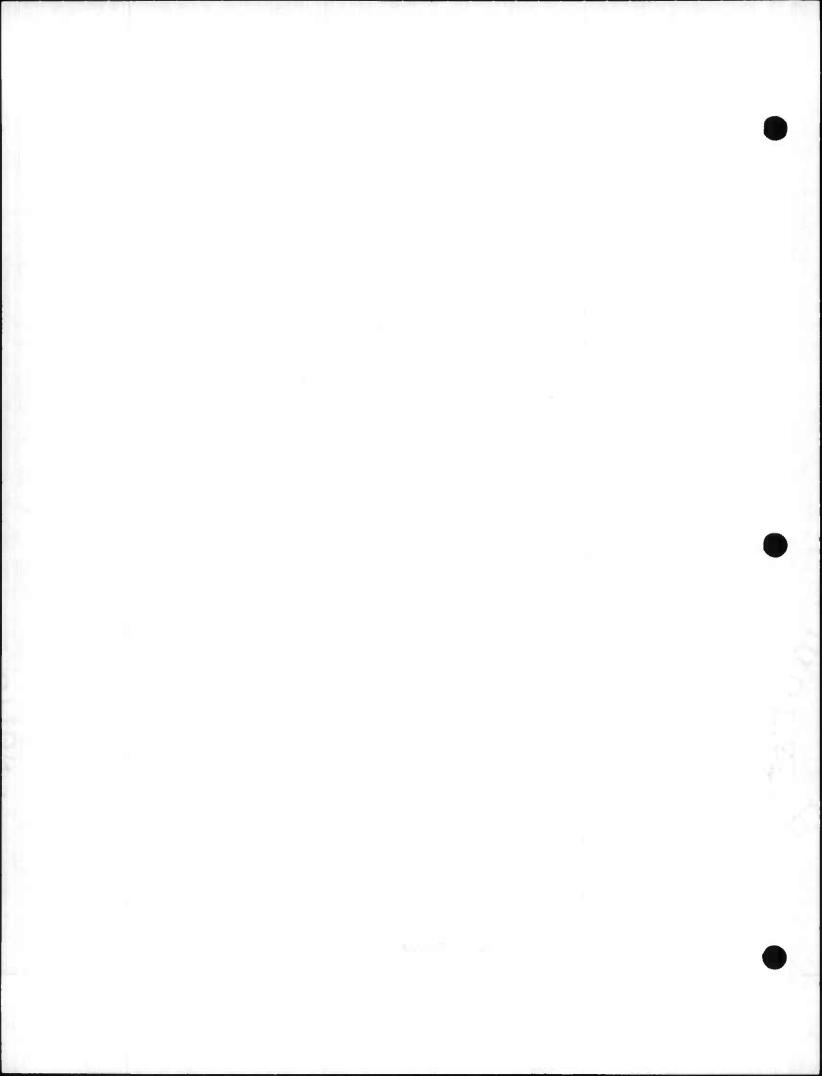
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LTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

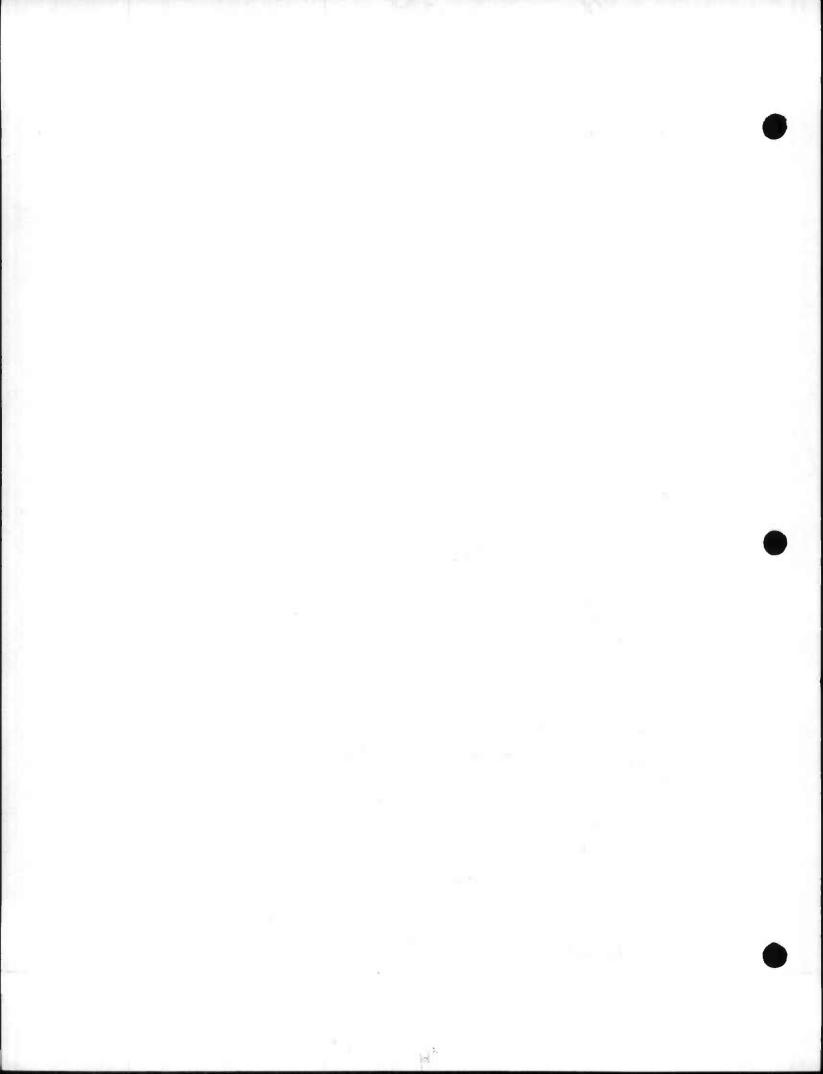
	HEGISTRAN		CE	CHILL	ICALL	CUL	DEA	l III	REG. N	O.			
	1. DECEDENT'S NAME (First, Middle, Last)	FREDA ROS	SENBERG						2. DATE OF DEATH MONTH FEB. 1	DAY 2, 199	YEAR 93	3. TIME OF DEATH  3:30 AM M	
	4. SOCIAL SECURITY NUMBER 216-03-4910	5. SEX 1  M 2  F	8. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
OR	99. FACILITY NAME (If not institution, give : PIKESVILLE NURSI	orreet and number) NG HOME	ě				VILLI		ATH		C. COUNTY OF DEATH BALTIMORE		
IFI	RESIDENCE OF DECEDENT				_	_					_		
DIRECTOR	10e. STATE 10b. COUNT MARYLAND	Y		10c. CIT	Y, TOWN O		MORE			10d. INSIDE CITY LIMITS? 1 [X] YES 2 □ NO			
	10e. STREET AND NUMBER					101	ZIP CODE	E		10a, CIT	ZEN OF W	THAT COUNTRY?	
FUNERAL	5900 PARK HEIGHT	S AVE, APT				30.0		21215			USA		
BY FU	1 Never Married 2 Married 3 W.Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAI	YES 2 TH			If yes, sp	ecity Cubs	n, Mexica	NC ORIGIN? (Specify ) n, Puerto Rican, etc.)	fes or No	14. RACE Black Specif	- American Indian, i, White, stc.	
ED	15. DECEOENT'S EDU	IO ATION	10.00									***************************************	
COMPLETE	(Specify only highest grade	College (1-4 or 5 +)	16a. OE (Gi	Ve kind of Do NOT us		during mo	ON ist of workin	og	RET		DUSTRY		
								en Sumeme) HSON					
19b. INFORMANT'S NAME (Types/Print) 19b. MAILING ADORESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 3304—D CLARKS LANE BALTIMORE, MD 21215									5				
	20s. METHOD OF DISPOSITION  1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	20b. PLACE A	matory or o	OF DISPOS		ame of		1	OCATION -	1		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	A	ADUE.			O ADDRE			BALTI	ORE,	עויין	
	Joel	) Le	مثيد		22.	SOL	LEV]	ENSON	N & BROS. RSTOWN RD		m	MD 21215	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Danie)   Stunch cause of the caus												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated awards a part of the initiated awards and the conditions of the condi												
ERTIF	that Initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE O	F):								
	PART II. Other significant condition	na contribution to d	eath but not n	earlting	in the ur	dorlulo		then in	Boot 1 Oct. 1980	AL ALITODAY	Tan	WERE ALTERNATION OF THE PARTY OF	
MEDICAL									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
Z	25. WAS CASE REFERRED TO MEDICAL			-		28. Pt	ACE OF O	EATH (Che	ock only one)				
25	EXAMINER?	HOSPITAL:	FB/Outnotient 3	□ DOA	QTHE				• - Otto - Otto - Otto				
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF IN (Month, Day)	JURY	28b. TIM	_	28c. INJ WC			6 Other (Specify)  28d. DESCRIBE HOV	INJURY OC	CURED		
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a: PLACE OF building, at	INJURY — At horic. (Specify)	me, farm,	street, fact	tory, offic	0		26f. LOCATION (Stree City or Town, Ste	et and Number te)	or Rural R	loute Number,	
COMPLET	29a. CERTIFIER 1 CCheck only one) 2 MEDICAL EXAMINE											) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTRE	and					296-110	SO	#72	29d. DAT	E SIGNED	(Month, Day, Wal)	
F	30. NAME AND ADDRESS OF PERSON WITH	no	722	И 27) (Type	PHA)	ch	He	26	\$ 51:	28			
	FEB 17 1993	22. REGISTRAN	S SIGNATURE	LEL			-						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

										9	3	03754	
_	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMENT OF	HEALTH F DEA	AND I	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH	M	ST	OL:	ZEN	BAC	H	2. DATE (	OF DEATH	AY 9	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218 40 4329	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. les 54	t birthday) YRS.	IF UNDER 1 YEAR		MIN.	7. DATE O (Month, 11-	F BIRTH (Day, Year) 11-38		8. BIRTI	HPLACE (State or Foreign ry)	
TOR	90. FACILITY NAME (If not institution, give s  Carroll County  RESIDENCE OF DECEDENT		Hospita	1	эь. сіту, тоw We	or Locat stmin				9c, COU	NTY OF E	DEATH	
DIRECTOR	10a. STATE 10b. COUNT	rroll Co		10c. CIT	y, town on Loo Middleh	urg						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 460 Johnsville				=	IOI. ZIP COD		768		10g. CITIZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1	MED 10	If yes,	ECENDENT ( specify Cube ES 2  NO	en, Mexica	NIC ORIGIN? in, Puerto Ri y:	(Specify Yer can, etc.)	s or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)									DUSTRY				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	t end Numbe	r or Rural f	Route Numbe	r, City or Tow	n, State, Zip	Code)		
	20e. METHOD OF DISPOSITION 1	state r	cametery cre	matory or o				DATE		CATION —			
	22. NAME AND ADDRESS OF FACILITY State Anatomy Board 2/15/93 655 W. Baltimore St, Balto, MD 21201												
	PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between										Approximate interval Between Onset and Death		
Sequantially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
G	PART II. Other significant condition	d	death but not r	aauiting i	n the underly	ng cause	given In	Part I,	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
PERFORMED? 1 YES 2 NO DPE									MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER:			eck only one,					
PHYS	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF (Month, D.	INJURY	26b. TIM		NJURY AT YORK?	esidence		(Specify)	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation		F INJURY — At ho		M 1	YES 2 [	□ NO	****					
ETED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	me, term, t	areet, factory, of	nce			TON (Street   Town, State)		or Flural I	Route Nuglber,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											e) end manner es stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES		HOUSE	YSI	CIAN	29c. LIC	ENSE NUM	MBER		29d. DAT	Z.	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH AVTAR S. BA	4 SSIN	SE OF DEATH (ITE	M 27) (Type,	RROLL	COL	INT	y a	EN	ERA	1	HOSPITAL	
	31. DATE FILED (Month, Day, Year)	/32. REGISTRA		CH	0,007	COU		, ,		2/0.		ICOSPI CAL	



BALTIMORE, MARYLAND 21215-0020

FEB 17 1993

Dendem-Randard

e burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending the property filed in by the funeral director, page 5 should be detached for use as the property of the prope	be new worm 12 hours aren death with the State Dept. Of health and memail hygerie prior to buria, cremation, of removal.  IMPORTANT: If I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 02 13 3. TIME OF DEATH DAY 1993 MONT SWARTZFAGER 8:20P 4. SOCIAL SECURITY NUMBER 7. DATE OF BHRTH
(Month, Day, Year)

11/30/1909
Pennsylvania 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 17-4-16-7755 DAYS HOURS 1 万 M 2 □ F 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR G.B.M.C.6701 N. CHARLES ST TOWSON BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE TOWSON 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 400 GEORGIA COURT 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 O Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВҰ Specify: 3 Widowed 4 Divorced no White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Maryland Fiber Corp Shop Superintendant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Alvin Swartzfager Katherine Updegraff 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Lavina Swartzfager 400 Georgia Court #120, Towson, MD 21204 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Deponetion 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE UCHNSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 2/15/93 655 W. BaltimoreSt, Balto, MD 21201 23. BART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heart feilure. List only one cause on each line. intervei Between IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 CInpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 037016 MA D 2/14/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paper Mill Ld., Phoenix, MD 21131 Greene Kenneth M 3334 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

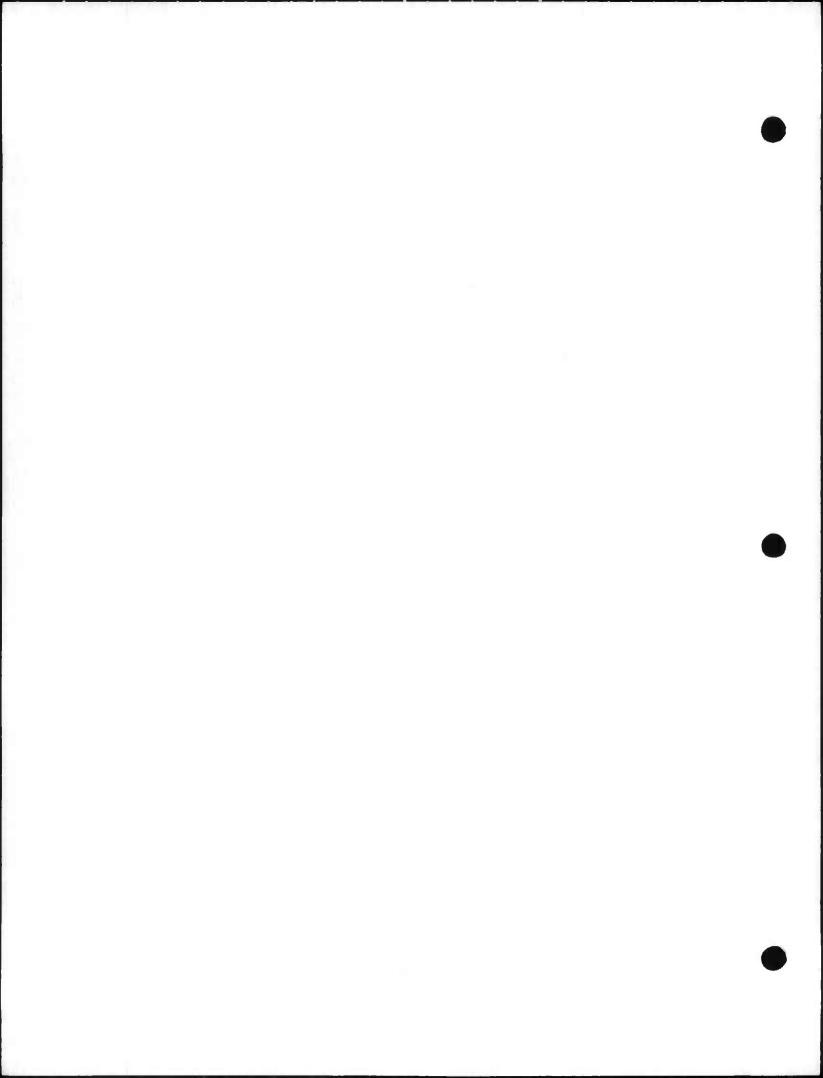
IMPORTANT: If Item 28

DIVISION OF VITAL RECORDS, P.O. BO)	IC PHYSIC AN: The law requires that the death certificate be	AL DIRECTOR AND STATEMENT OF THE STATEMENT OF THE AND MENTAL HYGIENE PRIOR 172 POSTS AND MENTAL HYGIENE PRIOR 1
DIVISIONO	TO THE HOSPITAL OR ATTENDING PRINT	FUNER

1 - STATE REGISTRAR		STATE OF I	MARYLA					HEALTH F DEA		MEI	NTAL HYGIE					
1. DECEDENT'S NAME (First	Middle, Last)					_					DATE OF DEATH			3. TIR	ME OF DEA	TH
ELIZABI	ETH JA	NE SELLM	AN							[ '	ионтн	DAY -	Q Z		12.	120m
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH I									8. BIRT	HPLACE	(State or F	Foreign				
232-34-2414 1 I M 2X 63 1929 63 Rs. MONTHS DAYS HOURS MEN. JULY 26, 1929 PRINC											ON. W	. V A				
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	r, TOW	N DR LOCAT	ION OF D		DI 2031		UNTY OF		011, 11	· VII.
HARBOUR HOS	SPITAL	CENTER						TIMOR								
RESIDENCE OF DEC	CEDENT	-	-			-										
											10d. I	INSIDE CIT	Υ			
											YES 2	NO				
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY											OUNTRY?					
2808 EASTS	HIRE D	RIVE						212	30			1	ı.s.a			
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 X Married  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.  14. RACE — American Indian, Black, White, etc.											lian,					
1 Never Married 2 (A) 3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DA	TES T	Ю			ES 2 ND			erto Rican, etc.)					
														WH	ITE	
15, DEC (Specify onl)	EDENT'S EDU	CATION completed)		16a. DE (G	CEDENT'S I	USUAL O	CCUPA during	TION most of work	ina		16b, KIND OF I	USINESS/II	OUSTRY			
Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	life.	Do NOT use	retired.)										
12TH GRADE				H	OMEMA	KER										
17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S N	AME (	First, Middle, Maid	on Sumame)				
GUY BRATTO	V							NEL	LIE	UN	KNOWN					
19a. INFORMANT'S NAME (7	ype/Print)			198	. MAILING	ADDRES	S (Stree	et end Numbe	r or Rural	Route	Number, City or 1	own, State, a	(ip Code)			
LEONARD N.	SELLM	AN			2808	EAS	TSH	IRE D	RIVI	Е-В	ALTIMOF	E, MI	21	230		
20a. METHOD OF DISPOSIT  1 X Burial 2 Crematic  4 Donation 5 Other	n 3 🗆 Rem	oval from State	ceme	etery, cre	MDDATEO	her place!			,	1		LOCATION -		own, St	ate	
21. SIGNATURE OF FUNER		ENSEE	//	GOOD	ON PA			AND ADDRE				ALTI	IURE			
E Ve	usa	X4	10	1	)	HU	BBA	RD FU	NERA	\L	HOME, I		) P F	MD	212	20
23. PART I. Enfer the d	iseeses, or o	complications Wa	it caused	the de	ath. Do no	ot enter	the r	node of dy	ing, su	ch as	cardlec or rea	piratory a	rrest.		Approxin	
snock, or n	eert fellure.	List only one cer	use on ea	ch line										- 6	Interval E	Between
IMMEDIATE CAUSE (Fir disease or condition	MII	CID	TIC	C	HOC	1									Onset an	d Death
resulting in death)					DUENCE OF									- 1	JYIL	CXCL
1	12	Pare	000	N 1	1 A	1.								1,	~~~	An
Sequentially list conditi		b.   IUC	(DR AS A	CONSEC	UENCE OF	١٠								-	JYW	OU
If any, leading to imme- cause. Enter UNDERLY			(on no n	CONSE	OENCE OF	1.								i		
CAUSE (Disease or inju		c. DUE TO	OR AS A	CONSEC	VENCE OF	1.								<u> </u>		
that initiated events resulting in death) LAS	т		(3)			,								į		
	-	d												<del> </del>		
PART II. Other significa	nt condition	a contributing to	death bu	ut not r	esuiting in	n the u	nderiy	ing cause	given in	Part		AN AUTOPS	24		AUTOPSY I	
QUAL	SRI	PLEC	LI A								1 35	ORMED?		COMP	ABLE PRIOF LETION OF	
											1 1 123	2 100		OF DE	YES 2	6
														'	7ES 2	NO
25. WAS CASE REFERRED TO	O MEDICAL						26.	PLACE OF I	DEATH (C	hack o	oly one)					_
EXAMINER?		HOSPITAL:	EB/Outon		□ <b>201</b>	OTHE	R:									
27. MANNER OF DEATH		28e. DATE OF	_	MINNIN 3	28b, TIME	_	_	NJURY AT	esidence	1	Other (Specify)	V IN ILIMOV O	COLUMED			
	Pending	(Month, E	Day, Ybar)		INJU	JRY	1	WORK?	7	280	I. DESCRIBE HON	I INJURY O	CCUMED			
E C PROPOSITI	Investigation	28e. PLACE C	NE IN ILIDA	Athe				YES 2	_ NU				-			
	Could not be determined	building,	etc. (Speci	my)	me, rerm, si	treet, 18C	tory, or	TICO		281	City or Town, Sta	it end Numb le)	er or Rural	Route N	lumber,	
								_								
		CIAN: To the best of														
one) 2 MEO	ICAL EXAMINE	R: On the basie of a	xamination	end/or l	nvestigation	n, In my o	pinion	, death occu	red at the	tima,	date and place,	and due to	the cause(	e) and r	manner as	stated.
290. SIGNATURE AND TITLE	OF CERTIFIEF	3						29c. LIC	ENSE NU	MBER		29d, D/	TE SIGNE	0 (Month	h, Day, Year,	
444036 L	MU N	2091	MD					A S	3 24	44	161413		2/1	41	92	
THE HARD LINE CONTROL OF	PEDGON MAN	0.001101 5750 0411	-				_	1		1 1		-		,	1 -	

HARBOR HOSPITAL CENTRE 30001 S. HANDUER ST AFROZE MU
31. DATE FILED (MONTH, Day, Your)
FEB 17 190 MUNEE

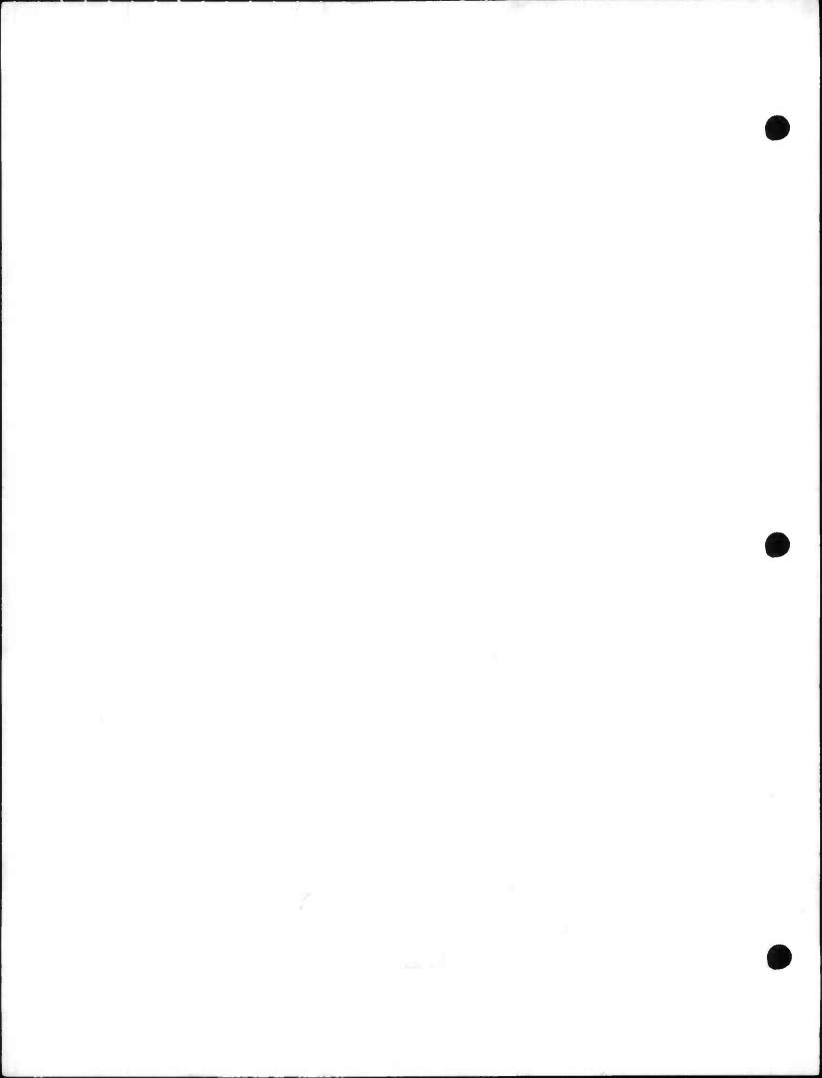
1993



93 03757

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
D THE HOSPITAL OR ATTENDING PHYSICIAN: The LANDERS AND ACTUAL CERTIFICATE DE EXECUTED WITHIN 24 hours	me death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
O THE FUNERAL DIRECTOR: After this certificate has seen actional on the attending physician and completely filled in by the fi se field within 72 hours after death with the State Dura of the second which the binds comparing or semmal	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made the prior to burial cremation or remain
MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTA CERTIFIC	MENT OF H	EALTH AND MEN	NTAL HYGIENE REG. NO.	20	03/3/
	1. DECEDENT'S NAME (First, Middle, Last) FRANK	Frank	H. Summe	rs, J. MMER	r. 2.	DATE OF DEATH	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  213-80-1394  90. FACILITY NAME (If not institution, give s	IXXM 2 □ F	27 yrs. MO	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. 7. II HOURS MIN. 7. II PR LOCATION OF DEATH		8. BIRTHPL Country) Mary 1 COUNTY OF DEA	
TOR	609 BRIDGEVIET				ORE CITY	1	COUNTY OF BEA	H .
DIRECTOR	Maryland 10b. count	Y		timor				DI. INSIDE CITY LIMITS?  X YES 2 NO
ERAL	100. STREET AND NUMBER 609 Bridgeview	USA	AT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	VER IN U.S. ARMED YES TOTAL	If yee, ap-	21225 ENDENT OF HISPANIC O polify Cuben, Mexican, Pu 2 NO Specify:	RIGIN? (Specify Yee or No erto Ricen, etc.)	- 14. RACE — Black, V	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo tired.)	DN st of working	18b. KIND OF BUSINESS	S/INOUSTRY	
SOM	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	elor	18. MOTHER'S NAME (F	irst, Middle, Maiden Sumar	me)	
BE	Frank H. Summ	ers, Sr.			Mary C.			
2	190. INFORMANT'S NAME (Type/Print) Mary C. Summer:	S	2717 F	DRESS (Street a		Number, City or Town, State		1225
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo		20b. PLACE AND DATE OF D cemetery, crematory or other	ISPOSITION (Na	me of	oate, 20c. LOCATION	arytan N — Cify or Town,	
	4 Donation 5 Other (Specify)	revoce /	Cedar Hil	1 Ceme	etery	.5/93 <sub>Broo</sub>	klyn,	Maryland
	. ~	Maris			D ADDRESS OF FACILITY	638 F/H Balt		mor St.
	23. PART I. Enter the diseases, or contact the disease or condition resulting in deeth)	NARCOTI(	C AND COCAIN	enter the mo	de of dylng, such es	cerdiec or respiratory	y srrest,	Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF):					
SAL	PART II. Other significent condition	s contributing to dea	ath but not resulting in th	ne underlylng	cause given in Part	I. 24s. WAS AN AUTOF PERFORMEO? 1 DEVES 2 NO	O OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  TYPES 2 \( \subseteq \text{ NO} \)
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 \( \sum \) NO	HOSPITAL:		HER:	ACE OF OEATH (Check or			
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending	25e. DATE OF INJU (Month, Day, Ye	OCCURED					
	2 Accident Investigation 3 Suicide 6 Could not be datermined		JURY — At home, farm, stree (Specify)	t, factory, office	261. A p 1	LOCATION (Street end Null City or Town, State) 60		
COMPLETED			knowledge, death occurred at		end place, end due to the	cause(e) end manner ee	etated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE		_		29c. LICENSE NUMBER		DATE SIGNED (Mo	
	4400	noxic	111 Penn	, ,		more, Mar		21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					

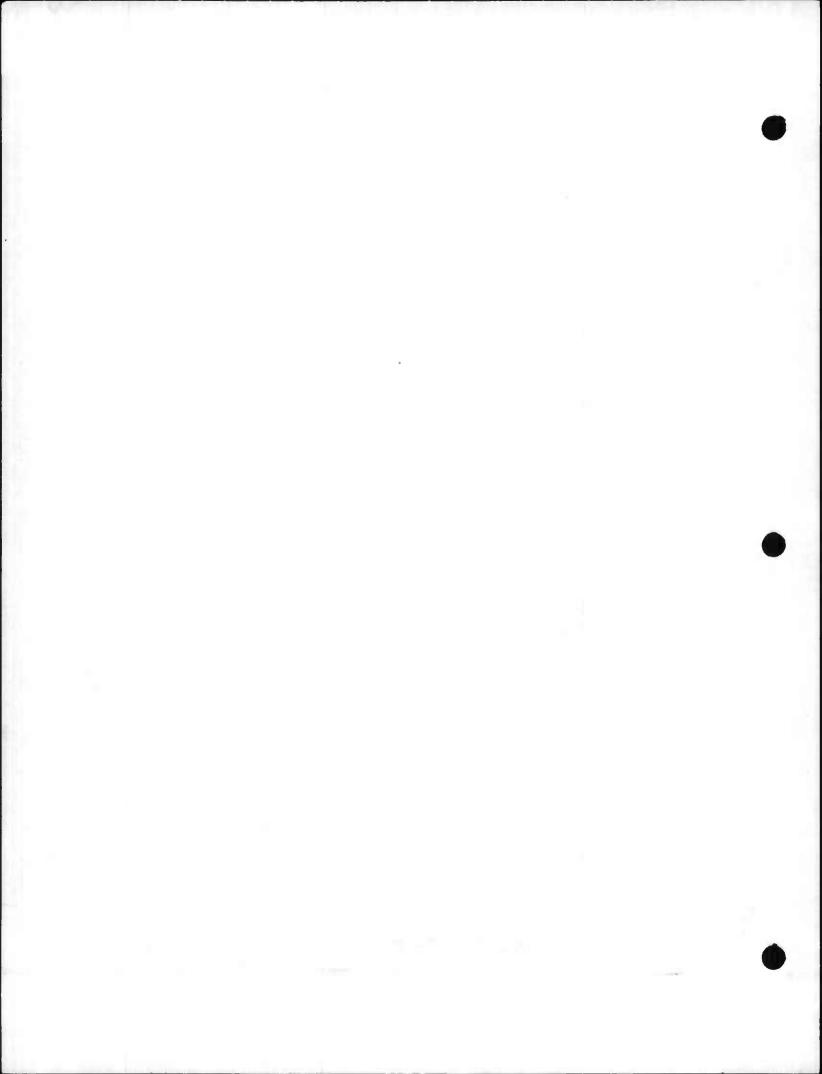


BALTIMORE, MARYLAND 21215-	after death. Page 6 may be retained by the hospital or attending	by the funeral director, page 5 should be detached for use as the moval.	lical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be testained by the hospital or attending	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deat, of Health and Mental Hydene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or ttem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERT	IFICATE OF	DEATH	RE	G. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE		YEAR	3. TIME OF DEATH			
	MARY ELIZABETH SOLANTK  4. SOCIAL SECURITY NUMBER  5. SEX	6. AGE (in yrs. last birtho			2	11	73	7:06P M			
3	170-J.0-9488 1□M2ØF	80 YR	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 1/13/1	Year)	Count	IPLACE (State or Foreign ry) 110			
POR	St JOSEPH HOSPITAL		9b. CITY, TOWN	OR LOCATION OF D		9c. CC	UNTY OF D				
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR LOCATION			11					
	Maryland Baltimore		Towson	Of, ZIP CODE		I m a		1 YES 2 NO			
FUNERAL	8016 Hillendale Road		,			U.S.A	WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 12. WAS DECEDEN 1 Never Married 2 Married FORCES? 1	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	ES 2 NO If yes, specify Cuben,			F HISPANIC ORIGIN? (Specify Yes or No.— 14.  n, Maxican, Puerto Rican, etc.)					
	15. OECEDENT'S EQUICATION	164. DECEDER	T'S USUAL OCCUPAT		OF BUSINESS/I		Mhite				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	(Give kind life. Do No	d of work done during r OT use retired.)	nost of worlding	Too. rate	O BOSINESS/I	NOOSTAT				
OME	6th Grade  17. FATHER'S NAME (First, Middle, Last)	Home	maker	18. MOTNER'S NA	AME (First, Middle	Maiden Sumame	)				
BE C	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  James Jurnak  Fiva Unknown										
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)										
	John Solanik	Towsor		21234							
	1   Saurial 2   Cremation 3   Removal from State	cemetery, cremetory	TEOFDISPOSITION (I or other place)		/20/93	ZOC. LOCATION		rwn, State			
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u> </u>	22. NAME	AND ADDRESS OF FA	CILITY	Taylor	PA				
	Christing of	Rosell	1	son Fune Loch Ra			son,	MD 21286			
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one ceu IMMEDIATE CAUSE (Final disease or condition resulting in death)	se of each line.		ode of dying, suc	ch as cardisc o	r respiratory a	errest,	Approximate Interval Between Onset and Death			
SATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERVISION OF SCHOOL CAUSE, Character of Industry Cause. Enter UNDERVISION OF SCHOOL OF SCHOO										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):  d. MYSULSM										
PHYSICIAN: MEDICAL	PART ii. Other aignificant conditions contributing to	death but not resulti	ng in the underlyl	ng cause given in		MAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C)	neck only one)						
XSI	1 YES 2 NO 1 Inpatient 2	ER/Outpetient 3 DO	OTHER: 4   Nursing Ho	me 5 🗆 Residence	6 - Other (Spec	Hy)					
ВУ РН	27. MANNER OF DEATN  1. Natural 5 Pending 2 Accident Investigation		INJURY W	JURY AT PORK? YES 2 NO	26d. DEŞCRIBE	NOW INJURY O	CCURED				
	3 Suicide 28e. PLACE D	F INJURY — At home, facetc. (Specify)	rm, street, factory, off	ice	26f. LOCATION City or Town	(Street and Numb s, State)	per or Rural I	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the basis of so							a) and manner as stated.			
TO BE C	296 AGRATUME AND TITLE OF CERTIFIER  HOUSE SM FF			29c. LICENSE NUI D 40 34	MBER O	29d. D/	Z/15	(Month, Day, Year)			
	PA-DESAL MD: COST, JOSEA	SE OF DEATH (ITEM 27) (	TAL TE	20 Yor	ex Ro	Tows	or, M	17212.04			
	31. DATE FILEO (Month, Day, Year) 32 PREDISTRA	s SIGNATURE	N.		/		/				



BALTIMORE, MARYLAND 21215-0020	thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificies was the washing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Director and Maria House prior to burial, cremation, or removal.	
DIVISION OF VITAL BECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The William of the date certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificum methods to the completely filture the filed within 72 hours after death with the Sign Devices after death with the Sign Devices after the condition of the complete of the filed within 72 hours after death with the Sign Devices after the condition of the complete of the filed within 72 hours after death with the Sign Devices after the condition of the complete of the filed within 12 hours and the complete of the	Interpretation of the control of the

				JERIII	ICATE	UE	DEAL			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Henry B. Snyder Jr. February								14, 1	993	11:20 A		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE	OF BURTH		s. SIRTH	PLACE (State or Foreign
	236 26 3258	236 26 3258 12 M 2 F 71 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yay) 12 Ch 15.							. 194	County W.	" VA		
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE			9c. COUN	TY OF DE	EATH
8	Franklin Sq. H	Hospital			R	ossv	rille				Pal+	inov	o County
F	DOI CITI									TIIIOT	re County		
DIRECTOR	10a. STATE 10b. COUNT	Bela:		ION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 1108 Fox Den		101. ZIP CODE 21014						10g. CITIZ	USA	THAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. 1 X YES 2 WAR OR DATES		ti.	yes, spe	ENDENT Color Cuba 2 2 NO	n, Mexica	n, Puerto I	I? (Specify Yes Rican, etc.)	Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
TED	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S	work done di	CUPATIO	N at al workin	g .	16b.	KIND OF BUS	SINESS/INDI	USTRY	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (9-12)   College (1-4 or 5+)   College (1-4 or 5+)   Weapons Demonstrator   U.S. Government								nt				
8	17. FATHER'S NAME (First, Middle, Lest)							-	ME (First. )	Middle, Maiden			110
O I	Henry B. Snyde	er. Sr.											
0	Henry B. Snyder, Sr. Daisey White												
2	The ministrative position of note notice not									Code)			
	and bryder, wife 1100 fox ben Bergir, FD 21014										Thomas -		
1	20g. METHOD OF DISPOSITION  1-8 Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeles, semalors or either place)  1-8 Burlel 2 Green S 2/17/93 Baltimore												
	21. SHOWATURE IF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  TYPIZ OZ INSKI Funeral Home PA												
	Mrsu 72	Sungle	quel	eu								e. N	D 21221
- 10	The state of the s				illat	ion							
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE O	F):	ion							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE O	F):	ion							
AEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO  c. DUE TO  d	O (OR AS A CONS	SEQUENCE O	ค: ค:		Cause (	given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition Myocardial Infa Renal Failure	DUE TO  DUE TO  DUE TO  d.  arction	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE O	ਜ਼: ਜ਼: ਜ਼: in the unc		cause (	jíven in	Part I.	PERFOR	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	DUE TO  DUE TO  DUE TO  d.  arction	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE O	ਜ਼: ਜ਼: ਜ਼: in the unc	derlying			_	PERFOR	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition Myocardial Info Renal Failure  Chronic Obstruct 25. Was case referred to Medical EXAMINER?  1   YES 2   XNO	b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF SEQUENCE OF THE SE	F): F):  O S C  OTHER 4   Nursi	derlying 26. PL/ : ing Home	ACE OF D	EATH (Ch	eck only on	PERFOR	NED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition Myocardial Infa Renal Failure  Chronic Obstruction Chronic Obstruction Chronic Obstruction Cause Cause Reference To Medical EXAMINERY	DUE TO  C.  DUE TO  d.  arction  Ctive Pul	O OR AS A CONS O OR AS A CONS O OR AS A CONS O OR AS A CONS O OR AS A CONS O DESTRUCTION OF THE	SEQUENCE OF SEQUENCE OF TESTINGS	F): F):  O S C  OTHER 4   Nursi	26. PLJ:	ACE OF D	EATH (Choosidence	eck only on	PERFOR	NED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition in investigation in the investigation investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investiga	b.  DUE TO  c.  DUE TO  d.  se contributing to  Arction  Ctive Pul  HOSPITAL: 1 M Inpatient 2 (  280. DATE OF (Month, L)  280. PLACE OF (Month, L)	O OR AS A CONS O OR AS A CONS O OR AS A CONS O OR AS A CONS O OR AS A CONS O DESTRUCTION OF THE	SEQUENCE OF SEQUENCE OF THE SE	F): F):  OTHER A Units FILIT OF MARKET  OTHER A UNITS FILIT OF MARKET  MARKET	26. PLJ: ing Home 28c. INJU WOF 1  Y	ACE OF D  5  Re  JRY AT  RK?  ES 2	EATH (Choosidence	eck only on 6 Othe 28d, DES	PERFOR	NJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  in yocardial Info Renal Failure  Chronic Obstruct 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	b.  DUE TO c.  DUE TO d.  arction  Ctive Pul  HOSPITAL: 1 W Inpettent 2  28e. DATE 00  (Month, L  28e. PLACE ( building	O (OR AS A CONSTITUTE OF INJURY — At., etc. (Specify)	SEQUENCE OF SEQUENCE OF THE SE	F):  F):  In the unc  OSE  OTHER 4   Nursi HE DF JURY M  street, facto	26. PLJ: :: ing Home 28c. INJU Ory, office	ACE OF D  5 □ Re  REY AT  RES 2 □  and place,	EATH (Chi	eck only on  6 Othe  28d, DES  28f, LOC City	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	OV Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition in a con	b. DUE TO c. DUE TO d	O (OR AS A CONSTITUTE OF INJURY — At., etc. (Specify)	SEQUENCE OF SEQUENCE OF THE SE	F):  F):  In the unc  OSE  OTHER 4   Nursi HE DF JURY M  street, facto	26. PLJ: :: ing Home 28c. INJU Ory, office	ACE OF D  5 Re  1RY AT  RK?  ES 2   and place,  with occur	EATH (Chi	28d, DES 28f, LOC City to the cau	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	Or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  IAyocardial Info Renal Failure  Chronic Obstruct 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Ves 2   XNO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Sulcide 8   Could not be determined  29s. CERTIFIER (Check only one) 2   MEDICAL BYAMINE	b. DUE TO c. DUE TO d	O (OR AS A CONSTITUTE OF INJURY — At., etc. (Specify)	SEQUENCE OF SEQUENCE OF THE SE	F):  F):  In the unc  OSE  OTHER 4   Nursi HE DF JURY M  street, facto	26. PLJ: :: ing Home 28c. INJU Ory, office	ACE OF D  5 Re  1RY AT  RK?  ES 2   and place,  with occur	EATH (Chi	28d, DES 28f, LOC City to the cau	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	Or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  IAyocardial Info Renal Failure  Chronic Obstruct 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Ves 2   XNO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Sulcide 8   Could not be determined  29s. CERTIFIER (Check only one) 2   MEDICAL BYAMINE	b.  DUE TO  c.  DUE TO  d.  ne contributing to  arction  Ctive Pul  HOSPITAL: 1 W Inpatient 2  28e. DATE Of (Month, L)  28e. PLACE (building)	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF SEQUENCE OF TESTINGS OF THE SECUENCE OF THE SECUEN	F):  F):  OTHER  A \sum OTHER	26. PLJ: :: ing Home 28c. INJU Ory, office	ACE OF D  5 Re  1RY AT  RK?  ES 2   and place,  with occur	EATH (Chi	28d, DES 28f, LOC City to the cau	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	Or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	b.  DUE TO  c.  DUE TO  d.  arction  Ctive Pul  HOSPITAL: 1 W Inpatient 2: 28e. DATE Of (Month, I.) 28e. PLACE (building)  ICIAN: To the basic of of the basic of	O (OR AS A CONSTITUTE OF INJURY — At, etc. (Specify)  OF INJURY — At, etc. (Specify)  OF INJURY — At, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER 4 ONLY M Street, factor on, in my op	26. PLJ: ing Home 28c. INJU WOF 1  Yory, office	ACE OF D  5 Re  PRY AT  RES 2  Band place, with occur  29c. LICE	EATH (Chi	eck only on  6 Othe  28d, DES  28f, LOC City  to the cau	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  in yocardial Info Renal Failure  Chronic Obstruct 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Chack only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WH	DUE TO  c.  DUE TO  d.  arction  Ctive Pul  HOSPITAL: 1 W Inpettent 2  28e. DATE Of (Month, I.)  28e. DATE Of (Month, I.)  10 COMPLETED CAU  M. D. 900	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF SEQUEN	OTHER 4 ONLY M Street, factor on, in my op	26. PLJ: ing Home 28c. INJU WOF 1  Yory, office	ACE OF D  5 Re  PRY AT  RES 2  Band place, with occur  29c. LICE	EATH (Chi	eck only on  6 Othe  28d, DES  28f, LOC City  to the cau	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

			FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	IEALTH AND MI	ENTAL HYGIEN		
			1. DECEDENT'S NAME (First, Middle, Last,		_			DATE OF DEATH	AV VEA	3. TIME OF DEATH
				ATINAL				02 08		500
	pin		4. SOCIAL SECURITY NUMBER  261 - 26 - 8168  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🗸 F	73 YRS. MON	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	Month, Day, Year)	9 0	IRTHPLACE (State or Foreign ountry) FLORIDA
	I, 2, 3 should	TOR	MERCY MOCHAL RESIDENCE OF DECEDENT	Cutic	96.	BALTI	OR LOCATION OF DEAT	m)	9c. COUNTY C	IF DEATH
	permit. Pages 1,	DIRECTOR	MARYLAND 10b. COUN	T <b>Y</b>		TIMORI				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	Si	ERAL	100. STREET AND NUMBER 3902 DORCHESTER	ROAD		101	21207			OF A.
5-0020	attending physician. se as the burial-transit	ETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	It yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14. R	RACE — American Indian, Black, White, etc. Specify: BLACK
-	or attend ir use as		15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATIO done during mo ired.)	ON st of working	16b. KIND OF BUS	JINESS/INDUSTR	ny .
	ospita	MPL	12th	2 YEARS	LICENSED	PRATIC	CAL NURSE	NURS	ING IND	USTRY
A	by be retained by the hospital or art page 5 should be detached for use be notified at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	to the second			18. MOTHER'S NAME	(First, Middle, Maiden		
		TO BE	EBNEZER BRANTL	EY				JACKSON		
MA			19a. INFORMANT'S NAME (Type/Print)  MD LIEDDEDT C	CIEDCE ID			and Number or Rural Rou			
		. 1	MR. HERBERT C.			IBERTY		NDALLSTO	WN, MARY	LAND 21133
OR	e o may ector, p must		1 Buriel 2 Cremation 3 Read Donation 5 Other (Specify)	noval from State cem	D. PLACE AND DATE OF DI netery, crematory or other p	place)				or Town, State BALTO.,
₹ .	Page di		21. SIGNATURE OF FUNERAL SERVICE L		RRISON VET	22. NAME AN	2/16/93 ND ADDRESS OF FACIL	JTY	NGS MIL	LS_MD_ CO.
BALTIMORE	ter death, rage to may be the funeral director, page val.		1 Lewis	J Levy	us)		T. GWYNN			21215-6393
	A 5 E 0		23. PART i. Enter the diseases, or	complications that auser	d the death. Do not	enter the mo	Ode of dving, such	TS AVE	BALTIMO	ORE MARYLAND
	D & E		23. PART i. Enter the diseases, or ahock, or heart feliure IMMEDIATE CAUSE (Finel	List only one ceuse on e	ach line.		,g,		ratory arroot,	Interval Between Onset and Death
	wronin 24 no npletely filled cremation, or vent, the m		disease or condition resulting in death)	SENCIA						s non
.09	executed wronn a and completely to burial, cremation matic event, the		resutting in death)	DUE TO (OR AS A	CONSEQUENCE OF):					3 01.93
68760	nd co	N	Sequentially ilst conditions,	· PETITONI						S Dipys
ВОХ	are be executed within 24 ysician and completely fill prior to burial, cremation, traumatic event, the	ATE	if sny, leading to immediate cause. Enter UNDERLYING	TO OR AS A	CONSEQUENCE OF):	pr.O.	N. 1	100 H.		Sna.
8	2 5 4 . 1	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							3 1 NAGS
P.0		E	resulting in death) LAST	à						
10	atte ental	CE	DATE II OAL I - III A	d.						
	> 2 -	NA I	PART II. Other significant condition	na contributing to deeth b	out not reaulting in th	o underlying	g ceuse given in Pa	ort I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
00	en signed by of Health an	EDIC	ATTIME PARKE	MSU Pas	District	1604	Come	_ 1 _ YES 2	100	OF DEATH?
RECORD	been signed been signed been signed been signed been signed been are shown any	Σ	A TWO SCHOOLS	CHICAGO	DISOSE	01	HUSEL.	-		1 TYES 2 NO
	A B	PHYSICIAN:	25. WAS CASE REPERRED TO MEDICAL	The part &	N 1.9 em -	C WELL	ACE OF DEATH (Check	√		
VITAL	1000	S	EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:				
OF V	this cedit	H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c, INJ	URY AT 2	8d. DESCRIBE HOW II	NJURY OCCURE	D
O Z	fler this c eath with marked	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		PRK? YES 2 NO			
ō	5 < 0 m		3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atree	t, factory, offic	• 2	Bt. LOCATION (Street e City or Town, State)	and Number or Ru	iral Route Number,
	OH ALLEN DIRECTOR: nours after item 28 I	ETE	4 Homicide determined							
۵	4 4 2 E	COMPL	onel	SICIAN: To the bast of my know ER: On the basis of examination						ise(s) and manner as stated.
	TO THE FUNER TO THE FUNER TO THE WITHIN TO THE MICHINE TO THE MICH		296 SIGNATURE AND TITLE OF CERTIFIE	R A			29c LICENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)
1	THE DE THE PORT	O BE	( alut Pren	ulle			N3433	4	▶ 2.	08-93
,		ĭ	39 NAME AND ADDRESS OF PERSON W	WWW.	lobert Git	muel	ZMO 3	101 57, P.	and PIV	21202
		i	31. DATE FILED (MONTH) POR 1993	32. REGISTRAR'S SIGN	NEURE PROPERTY				7	



Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1:50 P. M

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

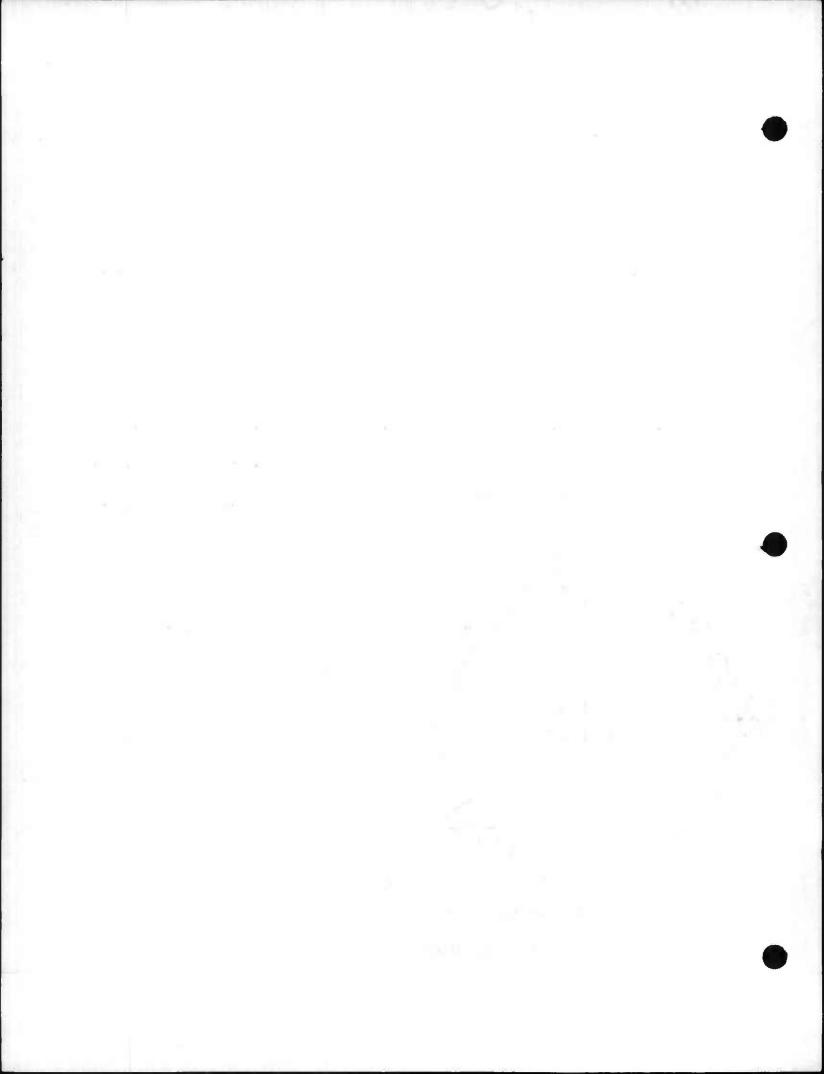
FEB 17 1993

DIVISION OF VITAL BENORDS, P.O. BOX 68760,

	CUIDLIA DD CI CUINTILLA MONTH DAY YEAR									3. TIME OF DEATH				
										2-10-93			1:50 P	
	4. SOCIAL SECURITY NUM 219-03-190		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. Is	st birthday) YRS.	IF UNDE MONTHS	DAYS	HOURS I	HRS.	7. DATE OF I (Month, De 3-7-	W. Ybari		Countr	PLACE (State or Foreign () Cermany
	9a. FACILITY NAME (If not i							OR LOCATION				9c. COUN		
DIRECTOR	Francis Sc	l Center		В	alti	more C	lity				-			
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCA	TION		_				10d, INSIDE CITY
	Maryland				Baltimore								LIMITS?	
_	10s. STREET AND NUMBER						101. ZIP CODE			10g. CITIZEN				HAT COUNTRY?
	328 S. New	kirk S	treet			21224			U.S			.S .	<i>A</i> .	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 C 3 Widowed 4 Div		FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			If yes, sp	pecify Cuban, I	IISPANIC Mexican, Specily:	ORIGIN? (S Puerto Rica				- American Indian, White, atc.
3	15. DE( (Specify on	EDENT'S ED	UCATION le completedi		ECEDENT'S			ION ost of working		16b. KII	10 OF BUS	INESS/IND	JSTRY	
	Elementary/Secondary (		College (1-4 or 5	+)	e. Do NOT u	se retired.)								
THE COURT	6th			1	3ottl	e Fi	ller	T:			rewe			
- 11	17. FATHER'S NAME (First, Middle, Lest)  Karl Senula  Katharina Ne													
4	19a. INFORMANT'S NAME (				D. MAILING	ADDRES	e (Phod					One to Tie	0.4.1	
2	Mrs. Catherine E. Pascoe  199. MAILING ADDRESS (Street and Number or Rural Route Num 328 S. Newkirk Street, Ba								Balt	e Number, City or Town, State, Zip Code) Baltimore, Md. 21224			1224	
	204. METHOD OF DISPOSIT			20b. PLACE AND DATE OF DISPOSITION (Name of				OATE		CATION — C	_			
	4 ☐ Burlet 2 ☐ Cremeti 4 ☐ Donation 5 ☐ Othe	Sacre	ry crematory or other place) red Heart of Jesus Cem. 2-13 Baltimore, Md					/Id.						
	21. SIGNATURE OF FUNER	U. SERVICE L	ICENSEE			22	NAME A	NO ADDRESS	OF FACI	LITY			- , .	
	· (1 km)	1	In a TI	theus	)			news Fu					36.	1. 21224
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
									art I av	. WAS AN	ALCTOROV	-	WEST LISTONIA CHICA	
5					rounting			ig cause give	201 101 24		PERFOR	MED?	240.	WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS
EDICAL										-   1	YES 2	M NO		OF DEATH?
-										-				1 TYES 2 X NO
PHYSICIAN	25. WAS CASE REFERRED	O MEDICAL					26. P	LACE OF DEAT	TH (Checi	k only one)				
5	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu		ne 5 🗆 Resid	ence 6	Other (Sc	pecify)			
		Pending	28a. DATE Of (Month, )	F INJURY Day, Year)	28b. TIR		28c. IN.	JURY AT ORK? YES 2   N	2	284. DESCRIBE HOW INJURY OCCURED				
		DE IN HIDY AL H					7	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	2 Accident 3 Suicide 6 Homicide	Could not be determined	28a. PLACE 6 building	, etc. (Specify)						City of A	own, State)			
CIED OF	3 Suicide 4 Homicide  29a. CERTIFIER (Check only	Could not be determined	BICIAN: To the best o	, etc. (Specify)  f my knowledge, d						The cause(	n) and man			) and manner as state
E COMPLETED BY	3 Suicide 4 Homicide  29a. CERTIFIER (Check only	Could not be determined	SICIAN: To the best of	, etc. (Specify)  f my knowledge, d					at the ti	The cause(i	n) and man	d due to the	cause(a	and manner as states (Manth, Dey, Year)
BE COMPLETED BY	3 Sulcide 6 Section 1 Section 29a. CERTIFIER (Check only one) 2 MED	Could not be determined	SICIAN: To the best of	, etc. (Specify)  f my knowledge, d				death occured	at the ti	The cause(i	n) and man	d due to the	cause(a	
E COMPLETED BY	3 Sulcide 6 Section 1 Section 29a. CERTIFIER (Check only one) 2 MED	Could not be determined  TIFYING PHYS  DICAL EXAMIN	SICIAN: To the best of the basis of the basi	f my knowledge, dexamination and/or	P	on, In my		death occured	et the th	The cause(i	a) and man	29d, DATE	cause(a	

32. REGISTRAR'S SIGNATURE a Davidson Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 



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RECORDS, P.O. BOX 68760,	requires that the death certificate be executed will
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DIVISION	PITAL OR ATTENDING PH

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH ANK PSMIECIENSKI 1. DECEDENT'S NAME (First, Middle, Last) ERANK O-St JOSEPH 2. DATE OF DEATH 3. TIME OF DEATN SM-FE-E-FON-SKY HTHOM 12,50 Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7 2 yrs. 7. DATE OF BIRTH (Month, Pay, Year) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR -03-3064 1 M 2 - F HOURS 056 Maryland page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY BAZZIMONINA DIRECTOR HOSPITAZ RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO (Brooklyn Pk. Anne Arundel BACTIMORA FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 Church Street 21225 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 N Married WW2 Army Airforce BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Grade 5th Retired Special Police C and P Telephone Co. Of Md 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notitied at James Smiecienski Stephanie Parcienski Smiecienski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Mrs. Caroline A. Smiecienski 508 Church Street, Baltimore, Md. ě 20e, METHOD OF DISPOSITION
1 | A Burlat 2 | Cremation 3 | Ramoval from State
4 | Donellon 8 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata must director, Glen Haven Memorial Park 2/16 Glen Burnie, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN Kevin E. 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Brooklyn Ecker the funeral 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by ial, cremation, or remo Approximate ck, or heart failure. List only one cause on each line. LUNG CARCINOMA IMMEDIATE CAUSE (Final Onset and Death the disease or condition · METASTATIC CARCINOMA OF GROODS ORIGIN resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): burial, PUTUMO TORAX MIGHT CERTIFICATION attending physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING ONGESTIVE HURT FAILURY. CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 been signed by the atter injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY shows any 1 TYES 2 NO OF OEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? MOSPITAL:
1 Inpetiant 2 ER/Outpatient 3 DOA OTHER: e 5 Residence 8 Other (Specify) 4 - Nurs 0 E 27. MANNER OF DEATH 1 Notural 5 The Hospital or attending Physic The Funeral Director: After this cal Ried within 72 hours after death with in 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 284. DESCRIBE HOW INJURY OCCURED marked. 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 60 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be COMPLETED 28 4 Nomicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho MEDICAL EXAMINER: On the basis ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 296. SIGNATURE AND THILE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE Union >07 U 92 116 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MBRCU

HOSPITAL

STR BENT

32. REGISTRAR'S SIGNATURE wherehen

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DALLINORE, MADILLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The growing the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate h had not be attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State II.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	土里	H H	DRT
	TO T	TO THE FUNERAL DIRECTOR: After this certificate his and Mental Hygiene prior to burial, cremation, or removal. The filed within 72 hours after death with the State D. And Mental Hygiene prior to burial, cremation, or removal.	MP

	1 - FOR STATE REGISTRAR	STATE OF !	MARYLAND /	DEPAR					MENTAL	HYGIEN	<b>IE</b> 9	3 (	3763
		MITTH		сец	Smi	th			2. DATE	OF DEATH	"S	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  220-82-5725	5. SEX	6. AGE (In yrs. ia:	YRS.	MONTHS	DAYB	IF UNDER	MIN.	5-1	Dey, Year) $3-64$		Country)	NCE (State or Foreign $d$ .
TOR	9a. FACILITY NAME (N not institution, give street and number)  Liberty Medical Center  RESIDENCE OF DECEDENT				9b. CITY		Iti				9c. COUNT	OF DEAT	N
DIRECTOR	10a, STATE 10b, COUNT	Y		10e. CIT	ry, town or Location Baltimore				MI MISIDE CITY MITS?				
FUNERAL	10e. STREET AND NUMBER  3503 Forkelif  11. MARITAL STATUS		Ct.			101. ZIP CODE 21207				U . $S$ . $A$ .			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	PRCES? 1 YES 2 NO			If yes, spi	S DECENDENT OF NISPANIC ORIGIN? (Specify ea, specify Cuben, Mexican, Puerto Rican, etc.) YES 200 NO Specify:				etc.) Black, White, etc.		American Indian, hite, etc.  Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	16e. DE (G ///////////////////////////////////	CEDENT'S live kind of the Do NOT us	work done retired.)	CCUPATIO during mo.	ON st of workin	ng .	16b.	KIND OF BU	SINESS/INDUS	TRY		
BE CON	11 Clerk  17. FATHER'S NAME (First, Middle, Leat)  Alton Smith  Anita Smith												
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  Anita Smith  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, S												
	Buriel 2 Cremation 3 Removal from State  Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  21. 21. 21. 21. 21. 21. 21. 21. 21. 21.								Md.				
	23. PART I. Enter the diseases, or	complications the	t caused the de	ath. Do r	oot entar	the mo	y H	arr	is F	/H 6	38 N.	Gil	mor St.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory a shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)								ratory arros	.,	interval Between Onset and Death		
NOI	DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Mathodic a codes											
L CER	PART II. Other significant condition	-					Cause o	tiven in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA										PERFOI	-	AVA CO OF	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE!	₹:			8 Other	,			
ВУ РНУ	27. MANNER OF CEATH  1 Netural 5 Pending 2 Accident Investigation	INJURY ay, Year)	1100	E OF URY M	28c. INJE WOO 1 Y	URY AT RK? ES 2		28d. DEŞ	CRIBE HOW	NJURY OCCUP			
COMPLETED	3 Suicide 6 Could not be detarmined  29a. CERTIFIER 1 CERTIFUMC DAVCE	building,	F INJURY — At he etc. (Specify)						Clty o	r Town, State)		Rurel Route	Number,
COMP	one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a										euse(a) and	d manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH), D  297. LICENSE NUMBER  298. DATE SIGNED (MONTH), D  297. LICENSE NUMBER  298. DATE SIGNED (MONTH), D  297. LICENSE NUMBER												

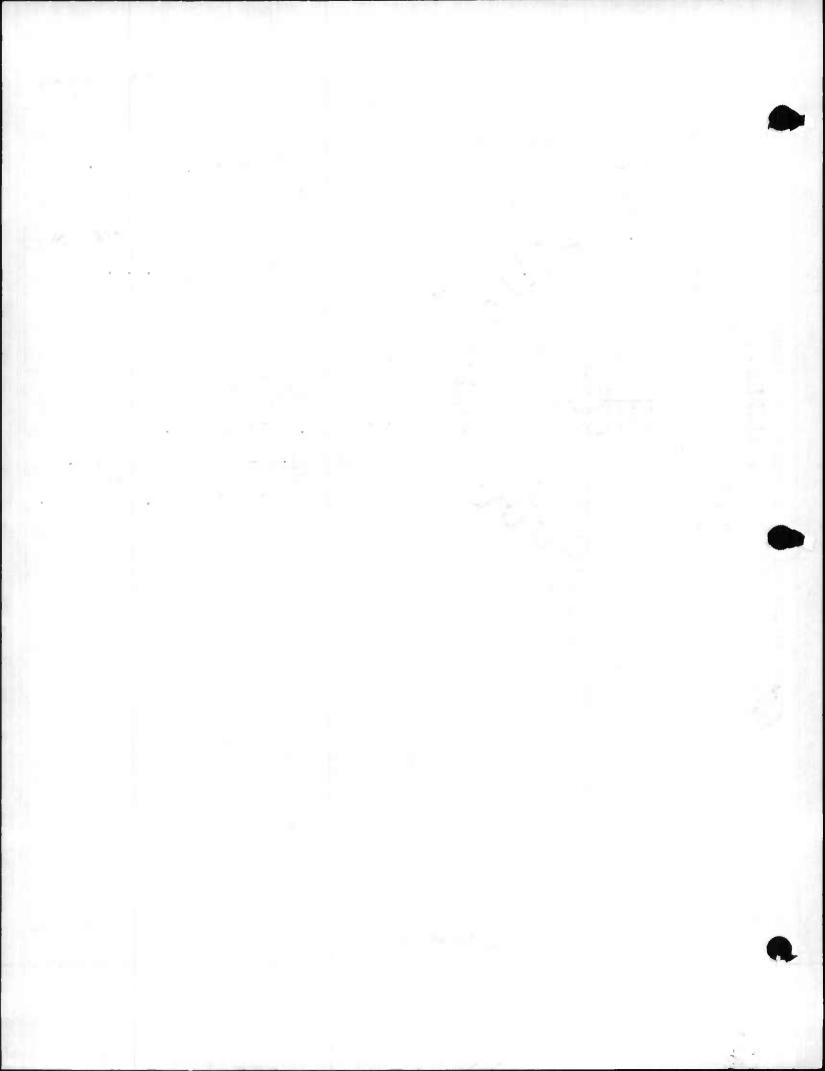
Filesty Med ap

32. REGISTRAR'S SIGNATURE

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STATE REGISTRAR

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8	Tal.
DIVISION OF VITAL BEODRDS, P.O. BOX 68760	E HOSPITAL OR ATTENDING PHYSICIAN: The Jaw Polling
	E HO

2. DATE OF DEATH DAY OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Patricia S. Schneider 3:55 P.M. February 10,1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

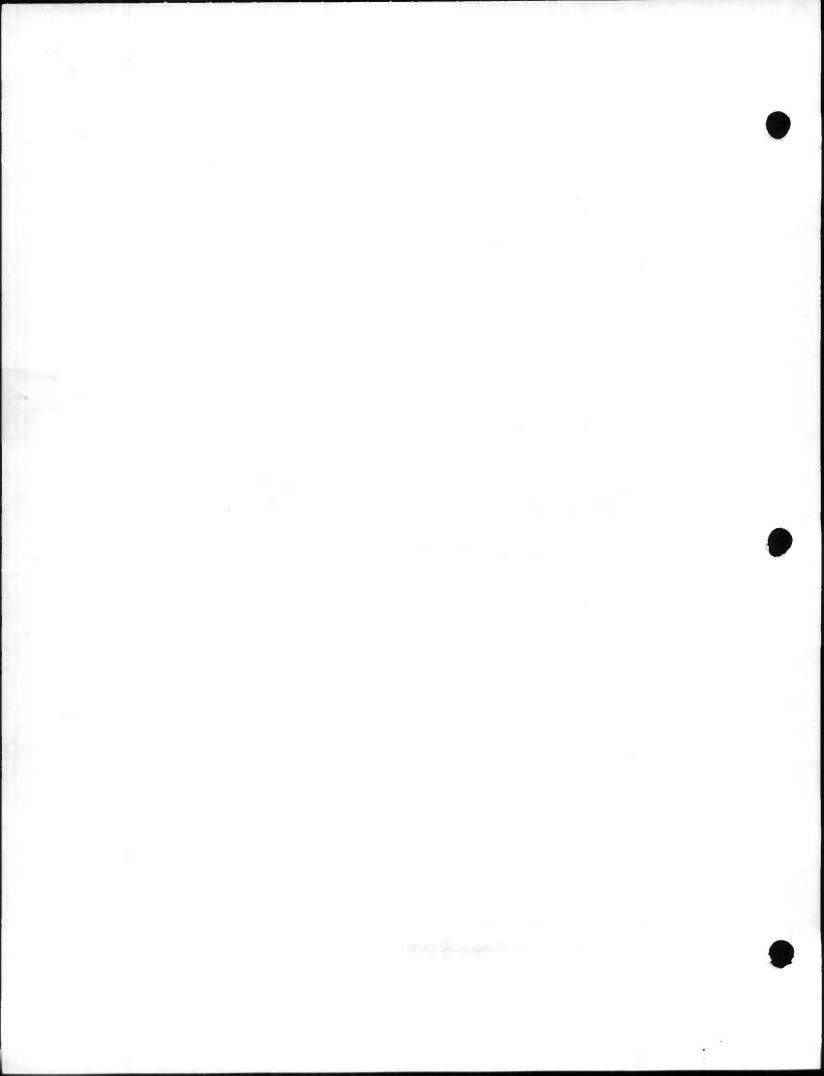
(Month, Day, Year)

Aug. 21, 1937 8. BIRTHPLACE (State or Foreign 216 34 3617 DAY\$ HOURS MIN. 1 M 2 K F Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 198 Strohm Dr. DIRECTOR Pasadena Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 198 Strohm Dr. 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced Specify: White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 12 Office Manager Insurance Company once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Raymond Ħ Sipes Norma Hess notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code 9 Francis X. Schneider 198 Strohm Dr., Pasadena, MD 21122 pe METHOO OF DISPOSITION
Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must Donation 6 - Other (Specify) Glen Hven Memorial Park 2/13/93 Glen Burnie, MD examiner 21. SIGNATURE OF FUNERAL SERVICE-DICENSEE 22. NAME ANO ADDRESS OF FACILITY McCully Funeral Home of Pasadena varmon 3204 Mountain Rd., Pasadena, MD 21122 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory erreat, Approximate ahock, or heart fellure. List only one cause on each line. intervel Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition · Mutastatic 3 month event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) **Iraumatic** CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Name 5 Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? Is marked, 28d. OESCRIBE NOW INJURY OCCURED 1 Partural 5 Pending L DIRECTOR: After the hours after death BY 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide CERTIFIER (Check only one) CERTIFYING #NYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 1858 2 30. NAME AND APORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 43 2122 05 12. REGISTRAR'S SIGNAT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



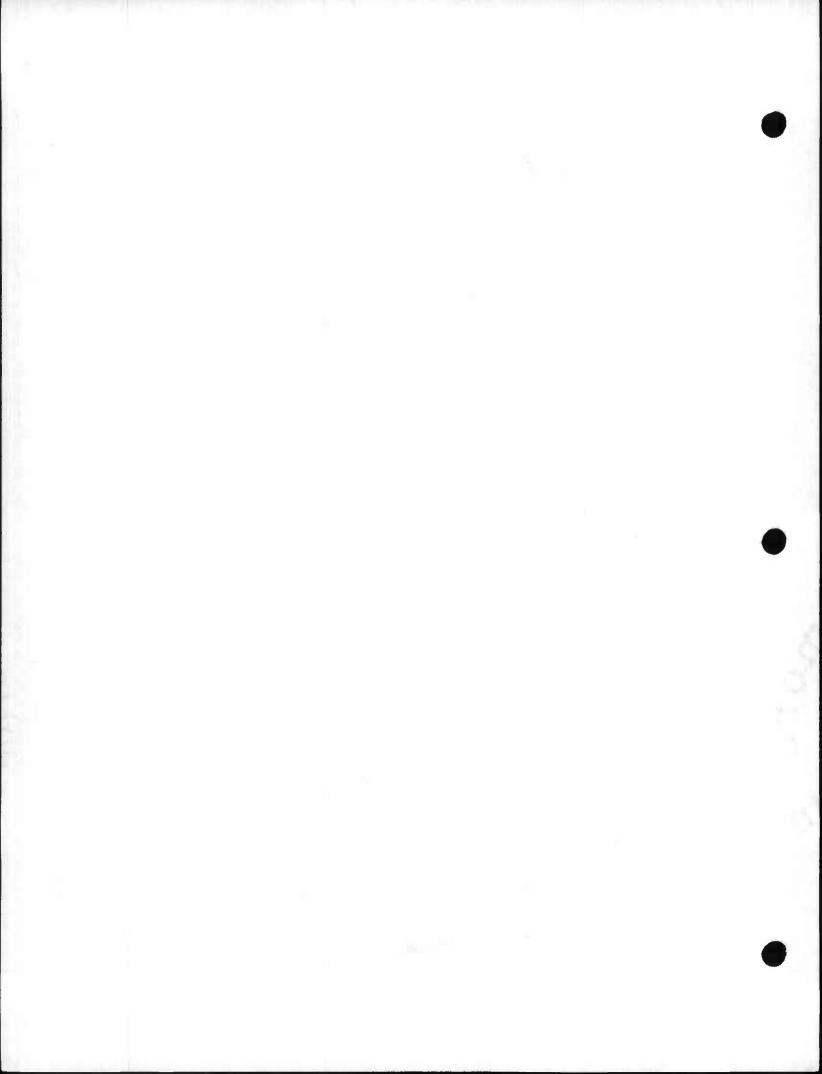
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINE MAN CHECKTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTATION IN 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

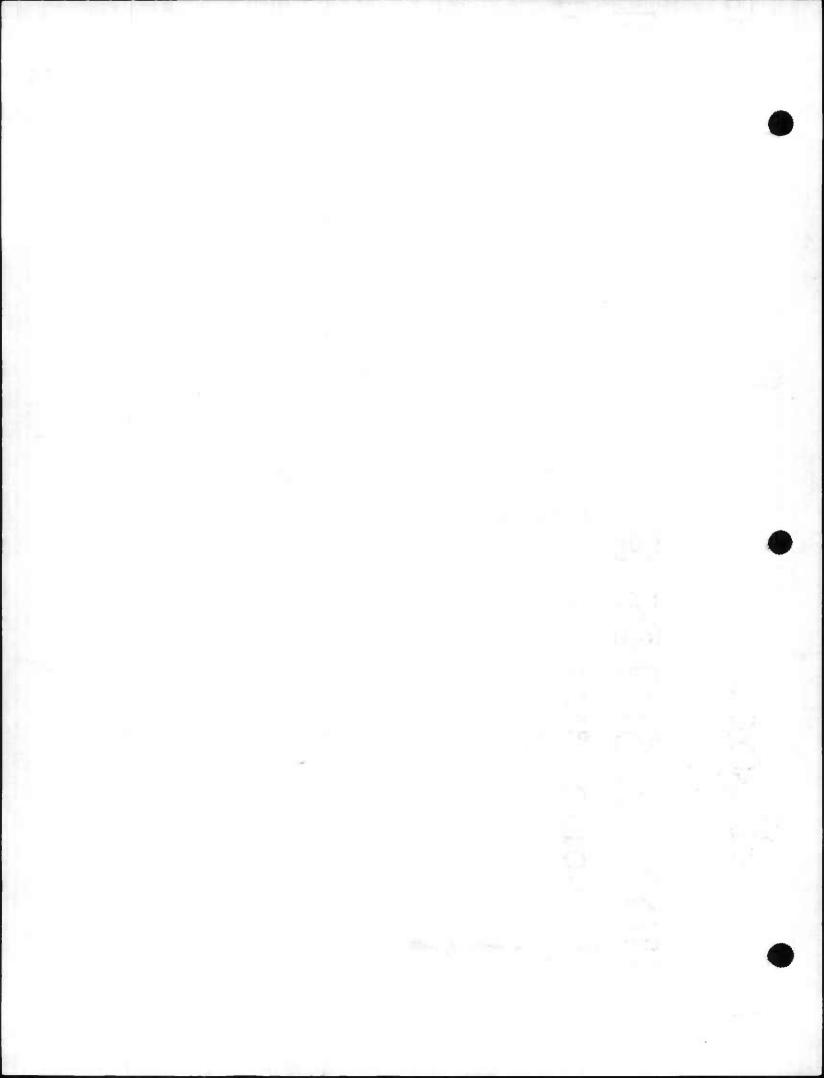
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		AL HYGIENI	9	3	03	100
	1. DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH			TIME OF DE	ATH
1	Robert	SI	LVERSTEIN		Mo	2-10-9	3	VR	3:09	PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (			IF UNDER 24 HRS. 7. DATE OF BIRTH			8. BIRTHPLA		Foreign
	215–22–8510  9e. FACILITY NAME (If not institution, give stre	ot and number)	1 YRS.	NTHS DAYS HOURS	JU	NE 23,19			INSYLV.	ANIA
TOR	FRANKLIN SOUARE	HOSPITAL		ROSEDALE			Balti	nor	e	
DIRECTOR	MARYLAND BA	LTIMORE	10c. CITY, T	OWN OR LOCATION ROSEDALE	112			Dd. INSIDE CI LIMITS?		
FUNERAL	10s. STREET AND NUMBER			101. ZIP CODE	-		10g. CITIZEN	OF WH		
N N	40 TOWNES COURT	12. WAS DECEDENT EVER IN	U.S. ARMED	212;		GIM? (Crecify Vec	US or No 14.1		- American Inc	dian
BY FL	1 Never Married 2 XXMarried 3 Widowed 4 Divorced		24 40	If yes, specify Quban,			100	Black, \Specify:	WHIT	
TED	(Specify only highest grade or	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of the completed)				66. KINO OF BUS	INESS/INDUSTI	Pγ	AATITT	<u> </u>
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hee. Do NOT use retired.)  GROCER				CERY			
8	17. FATHER'S NAME (First, Middle, Lesi)			18. MOTHE	R'S NAME (Firs	t, Middle, Maiden S	Sumame)			
TO BE	MAX STLVERSTE	IN	19b. MAILING AD	ORESS (Street and Number of		REENSTE Imber, City or Town	101.1	9)	-	
-	MRS CAROLYN S	ILVERSTEIN	4	O TOWNES CT	. ROSE	DALE, MI	21237	7		
	20a. METHOD OF DISPOSITION  1 X Yurlel 2 Cremation 3 Remov  4 Donation 5 Other (Specify)		PLACE AND DATE OF DEPARTMENT OF OTHER	DISPOSITION (Name of ESH BETH ISI		-12-93 H	BALTIMO			
	21. SIGNATURE OF FUNERAL SERVICE LIGHT			22. NAME AND ADDRESS SOL LEV						
	V/m/	June	-	6010 REIS				, MT	2121	5
	23. PART I. Enter the disease, pr co- shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Septicemia :	ach line.	enter the mode of dying	g, such aa c	ardiac or respir	atory arreat,			mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
MEDICAL	Chronic renal fai	he underlying cause given in Pert i. 24a. WAS AN PERFOR			RMED? AMAIL COMM OF D		ERE AUTOPSY MAILABLE PRIO OMPLETION OF F DEATH?	A TO		
AN	25. WAS CASE REFERRED TO MEDICAL			00 Pt 100 01	The side of the si					
PHYSICIAN:	EXAMINER?	HOSPITAL:		26. PLACE OF DEA						
😤	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME O	Nursing Home 5 Resident		ther (Specify) DESCRIBE HOW IN	HIEV OCCUBE	D.		
BY PI	1 🖄 Natural 5 🗌 Pending 2 🔲 Accident investigation	(Month, Day, Year)	INJUR	WORK?  M 1 YES 2		Eşonibe now in	JOHT OCCORE			
ETED !	3 Suicide 6 Could not be 4 Hornicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetify)	rt, factory, office	28f. Li	OCATION (Street all ity or Town, State)	nd Number or Ri	ral Rou	te Number,	
COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICI.			t the time, date and place, a				uso(s) s	nd manner sa	stated.
8	29b. SIGNATURE IND TITLE OF CERTIFIER	W 2	w za	D16	SE NUMBER	3	29d, DATE SIG	NED (M	, ,	3
2	30. NAME AND ADDRESS OF PERSON WHO BO Zaw-Win 9000				Md. 21	237				
	H. DATE FILED (Month, Day, Year)	932. REGISTRAR'S SIGN	ATURE							

DHMH-16 Rev 1/89



TO THE POSPITAL OR ATTENDING PRINCIPAL THE Exequires that the death certificate be executed within 24 hours after death. Page TO THE FLINERAL DIRECTOR AND THE COMPLETE HE SIGNED BY the attending physician and completely filled in by the funeral direct be feed within 22 hours after death or Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPIAL OR ATTENDING PARCICIAN. The requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR AND the contract has been signed by the afteroding physician and completely filled in by the funeral director, page 5 should be detached be fined within 72 hours after death where I have a page 1.0 Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANTE II have 28 is manner to when 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	6 may be retained by the hosp	nor, page 5 should be detache	nust be notified at once.
TO THE POSPITAL OR ATTENDING PRINCIPAL. The products that the death certificate be executed within 24 hours a TO THE FLINERAL DIRECTOR. Any the comment has been signed by the attending physician and completely filled in by the Bed within 7 hours after death to be as a Ben. of Health and Mental Hygiene prior to burial, cremation, or rem. As the properties of the production of the product	TO THE HOSPITAL OR ATTENDING PROCEDIAL. The issersquires that the death certificate be executed within 24 hours a TO THE FUNERAL DIRECTION AND The completely filled in by be End within 72 hours after death in the End and Mental Hygiene prior to burial, cremation, or rem IMPORTANT. If them 28 is married for the 23 shows any Injury, or other traumatic event, the medic	fter death. Page	the funeral directoral.	al examiner n
TO THE POSPITAL OR ATTENDING PLOCIDIAN. The inscriptions that the death certificate be executed with the Fune Rate Diffection. Any first certificate has been signed by the attending physician and compine Each when 72 hours after delife the Sate Dept. of Health and Mental Hygiene prior to burial, or MEDIFFUR.	TO THE HOSPITAL OR ATTENDING PROCESSAY. The assence that the death certificate be executed with TO THE FUNERAL DIRECTOR ARE fire certificate has been signed by the attending physician and complete Red and Mental Hygiene prior to burial, or IMPORTANT. If them 28 is marked for the Salows any Injury, or other traumatic even	ithin 24 hours at	letely filled in by emation, or rem	nt, the medic
TO THE HOSPITAL OR ATTENDING PRODUCAR. The issue requires that the death certificat or THE FUNETAL DIRECTIVE Any the certification is been signed by the attending physes field within 72 hours after death. The same being of Health and Mental Hygiene by MAPIGHARTH. If them 52 is is a new controlled to the controlled to	TO THE HOSPITAL OR ATTENDING PACKEDAN. The law requires that the death certifical TO THE FUNERAL DIRECTION Any this certifical has been signed by the attending physics Blad within 72 hours after death for the Sare Dept. of Health and Mental Hygiene p IMPORTANT. If them 28 is mark of the warm 23 shows any Injury, or other?	e be executed wi	sician and compl	traumatic ever
TO THE POSPITAL OR ATTENDING PRINCIPAL. The law requires that the TO THE FUNERAL DIRECTOR. After the permittent has been signed by the SEE downship To November 1 and 1	TO THE HOSPITAL OR ATTENDING PRODUCIAL. The iss requires that the TO THE FUNEFAL DIRECTION And this confinent has been signed by the be fined within 72 hours after death in the Sain Dept. of Health and M IMPORTANT. If them 28 is manuar for Aem 23 shows any Injury.	death certificate	ental Hydiene p	iry, or other
TO THE HOSPITAL OR ATTENDING PASCEDAR. The law r. O'THE FUNERAL DIRECTOR: Any this certificate has been selled within 72 hours after death. The Sale Dept. c. MPDGTANT: If them 28 is manner. To have 23 st. MPDGTANT: If them 28 is manner.	TO THE HOSPITAL OR ATTENDING PASSIZIAN: The isse of to the FUNERAL DIRECTOR ANy five certificate has been be fined within 72 hours after delain of the Sair Dept. of IMPORTANT. If them 28 is manifector for them 23 st	equires that the	an signed by the	hows any Inju
TO THE HOSPITAL OR ATTENDING PISCO. OTHE FUNERAL DIRECTOR: Any this see field within 72 hours after dean MPORTAINT. If from 28 is less.	TO THE HOSPITAL OR ATTENDING PRICES TO THE FUNERAL DIRECTION AND THE SE BACK WITHIN 72 HOURS after death IN IMPORTANT. If How 28 is mark	TANE The lass re	rilli gatte Dass Dee	br Jem 23 sa
THE HOSPITAL OR ATT TO THE FUNERAL DIRECTION Se fied within 72 hours at MPORTANT. II from 24	TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI be fised within 72 hours at IMPORTANT. If them 23	ENDING PHOSE	JR. After this co	is market
TO THE HU TO THE FU HE Red WI	TO THE HU TO THE FU De filed will	SPITAL OR ATT	NERAL DIRECTO	NT. II Item 28
		TO THE HO	TO THE RU	MPORTA

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		NL HYGIENE REG. NO.	55 65766			
1. DECEDENT'S NAME (First, Mich	DAVIL	SINGER)	98R	2. DATE	E OF DEATH	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 086-07-4014		(In yrs. lest birthday) 81 YRS.	F UNDER 1 YEAR IF UNDER :		5, Dey 5, 1912	a. BIRTHPLACE (State or Foreign MASSACHUSETTS			
9a. FACILITY NAME (If not institute OLD COURT N	URSING HOME		96. CITY, TOWN OR LOCATION RANDALLS			90. COUNTY OF DEATH BALTIMORE			
OLD COURT N RESIDENCE OF DECED 10a. STATE MARYLAND 10b	COUNTY BALTIMORE	10c. CITY,	TOWN OR LOCATION	RANDALL	STOWN	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 9715 EUSTIC 11. MARITAL STATUS 1 \( \triangle \triang	E ROAD		101. ZIP CODE 21	133	10g. CIT	IZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Merried 2 Merri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	13. WAS DECENDENT OF If yes, specify Cuber 1 ☐ YES 2 ☑ NO	, Mexican, Puerto	IN? (Specify Yes or No— Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDEI (Specify only high property only high property only high property only high property on the property of the proper	NT'S EDUCATION heat grade completed) College (1-4 or 5+)	ide completed) (Give kind of work done during m			U.S. PC				
17. FATHER'S NAME (First, Middle, ABRAHAM SI					Middle, Melden Surname) EENSTONE				
190. INFORMANT'S NAME (Typo/F MRS BLANCHE			ADDRESS (Street and Number EUSTICE RD.						
	206. METHOD OF DISPOSITION  100 Burlet 2 Cremetton 3 - Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of Computer And DATE OF DISPOSITION (Nam								
21. SIGNATURE OF FUNERAL SE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF MASHAY & BROS., INC.  6010 REISTERSTOWN RD. BALTO., MD 21215								
immediate cause (Final disease or condition resulting in death)	disease or condition resulting in death)  a. Due to (or as a consequence of):  Sequentially list conditions,								
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF	):						
PART II. Other aignificent of	conditions contributing to death			iven in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO			
25. WAS CASE REFERRED TO MI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Out		26, PLACE OF OI OTHER: 4 \( \text{Nursing Home} \) 6 \( \text{Re} \)	EATH (Check only sidence 6 🗆 Oti	NOVEMBER 1				
	stigation	28b. TIME INJU	M 1 YES 2	) NO	EŞCRIBE HOW INJURY OC				
3 Suicide 8 Cou 4 Homicide deta	ld not be rmined 28e. PLACE OF INJUR building, etc. (Spi	ocity)	irest, factory, office		CATION (Street and Numberly or Town, State)	r or Hural Houte Number,			
one)	NO PHYSICIAN: To the best of my kno- EXAMINER: On the basis of examinati								
Pulit B	Kurpuhr	w	DIT	NSE NUMBER	29d, DA1	TE SIONED (Month, Day, Year)			
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) Ilas Lav	ar,	31133				
31. DATE THEED (Month, Day, Your	33. REGIOTHAR'S SIG	MANUFACE LA CONTRACTOR LA CONT			***				



1. DECEDENT'S NAME (First, Middle, I	(ast)	JEI	***************************************	AIC OI	DEA	111	0.547-	REG. N	J.	_	
Timothy					MONTI	2. DATE OF DEATH			3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER				AGE (In yrs. last birthday) IF UNDER 1 YEAR			7. DATE				IPLACE (State or Foreign
213-82-9127	1 € M 2 □ F	YRS. MO	ONTHS DAYS	HOURS	MIN.	(Monti	27	63		Maryland	
9a. FACILITY NAME (If not institution,	98	b. CITY, TOWN	OR LOCATI	ON OF DE	ATH			INTY OF D			
8033 Woodgat		С							Ba	ltin	nore
10a. STATE 10b. CO			10c. CITY, T	TOWN OR LOCA	TION						10d. INSIDE CITY
Maryland										7.5	LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP COD	E			10g. CIT	FIZEN OF V	WHAT COUNTRY?
8033 Woodgat	e Court #	C		21244: USA					SA		
11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.S. ARME		13. WAS DE	CENDENT C	OF HISPAN	IC ORIGIN		_	14. RACI	E — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced		If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES ②☐ NO Specify: Specify: Specify: —									
15. DECEDENT'S		1			_		50.00		DIACK		
(Specify only highest	grade completed)	(Give	kind of work o NOT use re	WAL OCCUPATI k done during me etired.)	ost of working		166	KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	4 Years	Pers	sonne	el Sta ist	affi	ng					
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)											
Afton Teal Elizabeth Capers											
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Elizabeth Powell  8033 Woodgate CF. Baltimore, Mary							21207				
Elizabeth Pov	33 W	Toodga	te (	# <u>£</u>	Ba1	timo	re,	Mary	land		
29a. METHOD OF DISPOSITION 1 KBurlal 2 Cremation 3	Removal from State	20b. PLACE AND cemetery, crema		rate and		2	DAT	20c. L	OCATION -	City or To	wn, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	a constant	Garri	son	Fores			<u>uem</u>	. 70w:	ngs	Mi1	1s, Md
21. SIGNATURE OF POPERAL SERVICE				22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor ST						lmor ST.	
· Muy fares				Leroy Harris F/H Baltimore, Md212						,Md21217	
1///	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as carried										Approximate
23. PART I. Enter the diseases	ire List only one caus	snock, or heart failure. List only one cause on each line.									Onset and Deat
23. PERT I. Enter the diseases, shock, or heart fall	ure. List only one caus	se on eech line.									1
IMMEDIATE CAUSE (Final disease or condition	ure. List only one cau	^	IDS								2 Years
IMMEDIATE CAUSE (Final	a	^	ENCE OF):						_		2 years
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	A	ENCE OF):	NFE	ctio	A					2 years
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	A	ENCE OF):		ctio	N					2 years
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	OR AS A CONSEQUE	ENCE OF):		ctio	2					2 years
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a	(OR AS A CONSEQUE	ENCE OF):		ctio	2					2 years
Snock, or heart fail disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	OR AS A CONSEQUE	ENCE OF):  ENCE OF):	NFE							2 years
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Snock, or heart fail disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	OR AS A CONSEQUE	ENCE OF):  ENCE OF):	NFE			Part I.		RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Snock, or heart fail disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	OR AS A CONSEQUE	ENCE OF):  ENCE OF):	NFE			Part I.	PERF(	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR COMPLETION OF CAUSE
Snock, or heart fail disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	OR AS A CONSEQUE	ENCE OF):  ENCE OF):	NFE			Part I.	PERF(	RMED?	246	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Snock, or heart fail disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (  DUE TO (  d.  Itiona contributing to	OR AS A CONSEQUE	ENCE OF):  ENCE OF):	W Fe		given in	_	PERFO	RMED?	24b	. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?

2 Accident
3 Suicide
4 Homicide BE COMPLETED BY 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED

FEB 17 1993

17 1993

5

8 Could not be determined

2 MEDICAL EXAMINER: Dn

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

28e, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

DHMH-16 Rev 1/89

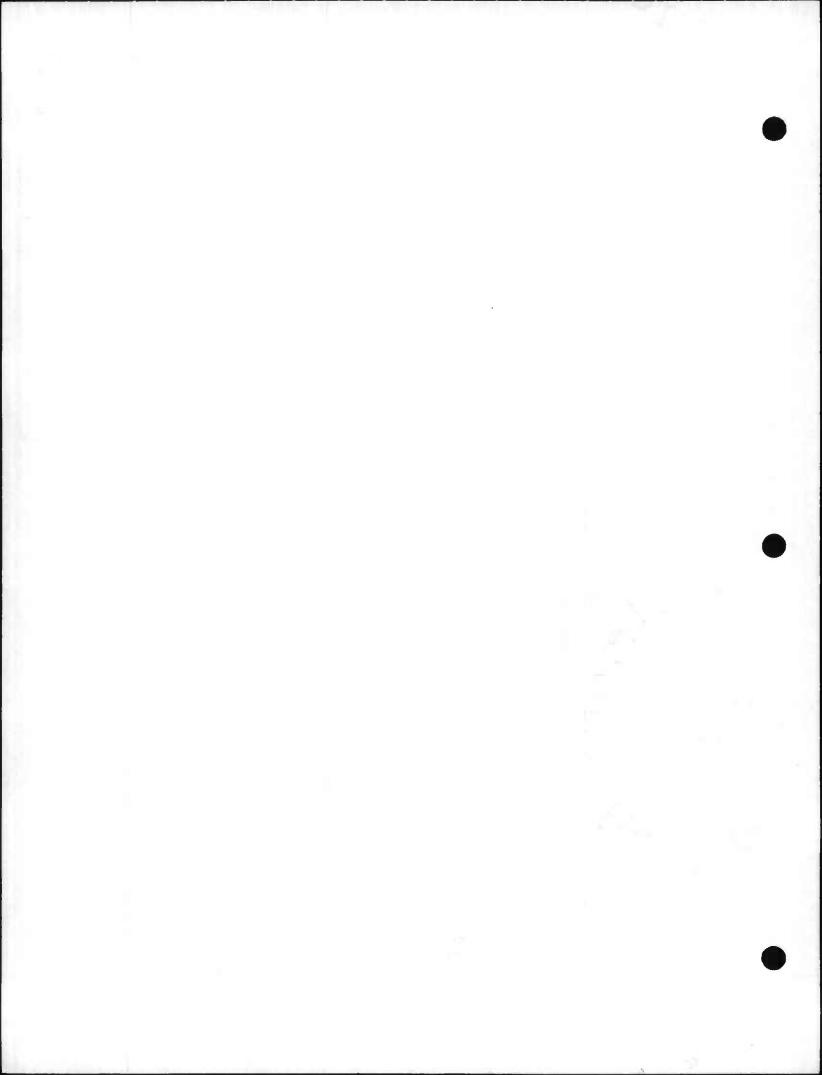
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)
2/14/93

29c. LICENSE NUMBER

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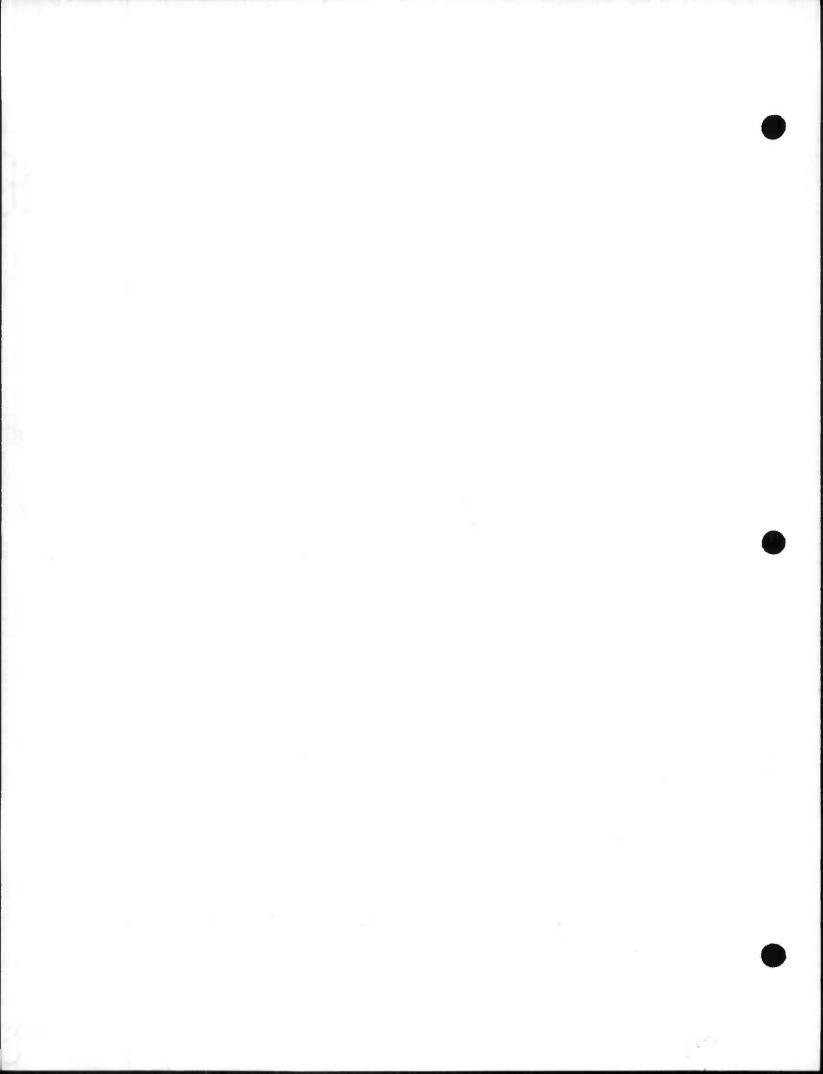
	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Helen Lucy Tay	lor			2. DATE OF DEATH DO OZ - 14		3. TIME OF DEATH 11:55 P. M			
	4. SOCIAL SECURITY NUMBER 215-32-8657	1 □ M 2 💢 F	90 YRS.	C	ATYland					
TOR	80. FACILITY NAME (If not institution, give so Roland Park Place		9	Baltimore Cit		9c. COUNTY C	PF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Y	100	TOWN OR LOCATION  Itimore City		10d. INSIDE CI LIMITS? VXXYES 2 [				
FUNERAL	830 W. 40th Stree			10f. ZIP CODE 21211-		U.	S.A.			
ETED BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, OIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 — YES 2 — NO Spec	an, Puerto Rican, etc.)	NACE — American Indian, Nack, White, atc.				
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		He. Do NOT use I	k done during most of working		more C:	ity			
d at once.	17. FATHER'S NAME (First, Middle, Last) Marion Harrison				AME (First, Middle, Maiden	Sumame)	ırsley			
TO B	Marion H. Chambe		8103 R	odress (Street and Number or Runa ider Ave. Tows	on, Marylan	d 2120	4			
ner must	20a. METHOD OF DISPOSITION 1 Burdial 22D Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OATE) 20c. LOCATION — City or Town, 19 20b. PLACE AND DATE OATE OATE OATE OATE OATE OATE OATE O									
e examir	John G. Reitz (M-00804)  22. NAME AND ADDRESS OF FACULTY Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212									
vent, the medi	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
injury, or other traumatic event, the medical examiner must be notified at once.  AL CERTIFICATION  TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
shows any : MEDIC	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Parkinsen's Disease  Temporal 1 YES 2 NO  10 YES 2 NO  11 YES 2 NO									
or item 23 s YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/0	utpatient 3 DOA 4	26. PLACE OF DEATH (COTTMER: Nursing Home 5  Residence						
marked, or BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Yea	r) INJUR	WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	D			
28 G	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre	et, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,			
ANT: If Item	one!			of the time, date end place, and du in my opinion, death occured at th			ee(e) end manner ae stated.			
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIES  2 MD			29c. LICENSE NO.		≥ 29d. DATE SIG	d. DATE SIGNEO (Month, Day, Year)			
	Donna L. Dow, M.	D. D600 W. N	orthern Pkr		Maryland	21210				
	"FEB"17 1993 8	Will Designation of	Library							



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit per an, or removal,	e medical examiner must be notified at once.
DIVISION OF TAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING.	TO THE FUNERAL UNECTURE AND INC. AND THE SIGNED BY THE attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN			
频	1. DECEDENT'S NAME (First, Middle, Lest) AUGUST A.	THOMAS				2. DATE OF DEATH DATE OF THE D		3. TIME OF DEATH	
Į.	4. SOCIAL SECURITY NUMBER 215–22–0095	1∑□ M 2 □ F	n yrs. lest birthday) 67 YRS.	7. DATE OF BIRTYN (Month, Day, Year) 3-8-25	(bar) Country)				
TOR	90. FACILITY NAME (If not institution, give 1321 ROXDOTO I	atreet and number)		Rosed	or location of di ale	EATH	9c. COUNTY OF DEATH Baltimore		
DIRECTOR	10e. STATE 10b. COUNT	altimore	10c. CITY	, TOWN OR LOC		sedale		10d. INSIDE CITY LIMITS? 1 YES 21 NO	
FUNERAL	1321 Roxboro F	Rd.		1	01. ZIP CODE 2123	37	10g. CITIZEN (	OF WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 15 YES IF YES, GIVE WAR OR DO	2 NO	If yes, a		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	1	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w IIIa. Do NOT use MILLIT	ork done during r retired.)	TION nost of working	16b. KIND OF BUS	SINESS/INDUSTR	W .	
BE CON	17. FATHER'S NAME (First, Middle, Last) Carl J. Thomas	3			Caroli	ME (First, Middle, Meiden ne C. Denz			
5	Thelma E. Thoma	is	196. MAILING 1321	ADDRESS (Street	end Number or Rural CO Rd. Ba	Acute Number City or Town ltimore, M	n, State, Zip Code D 2123		
	20e. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE Of the start of	her place) aels Chi	Name of  Irch Cem.  AND ADDRESS OF FA	a-n-93	CATION — City o	burg, PA	
	Denis &	Killy	0	C:	vach/Rose 211 Chesa	dale Funera	al Home	:	
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Meta	ich line.	ot enter the m	elano	h as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CE	PART II. Other eignificent condition	ns contributing to deeth b	ut not reculting in	n the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATN (Ch	eck only one)			
IYSIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER: 4 - Nursing No		8 Dother (Specify)			
B⊀	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY	28b. Time INJU	M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II			
ETED	4 Homicide determined	building, etc. (Spec	rfy)			281. LOCATION (Street a City or Town, State)		rai Houte Number,	
COMPLET	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowl ER: On the basis of examination						ise(s) and manner se stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  290. NAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSE OF DE	)	0	29c. LICENSE NUI	946	≥ 29d. DATE SIG	NED (Month, Day, Year)	
	Charles gadge	HWD: SC	of Lock	Rave	u Block	., Kalti	llore	WW 21239	
	FEB 17 1993	guna munita		-					

DIVISION OF



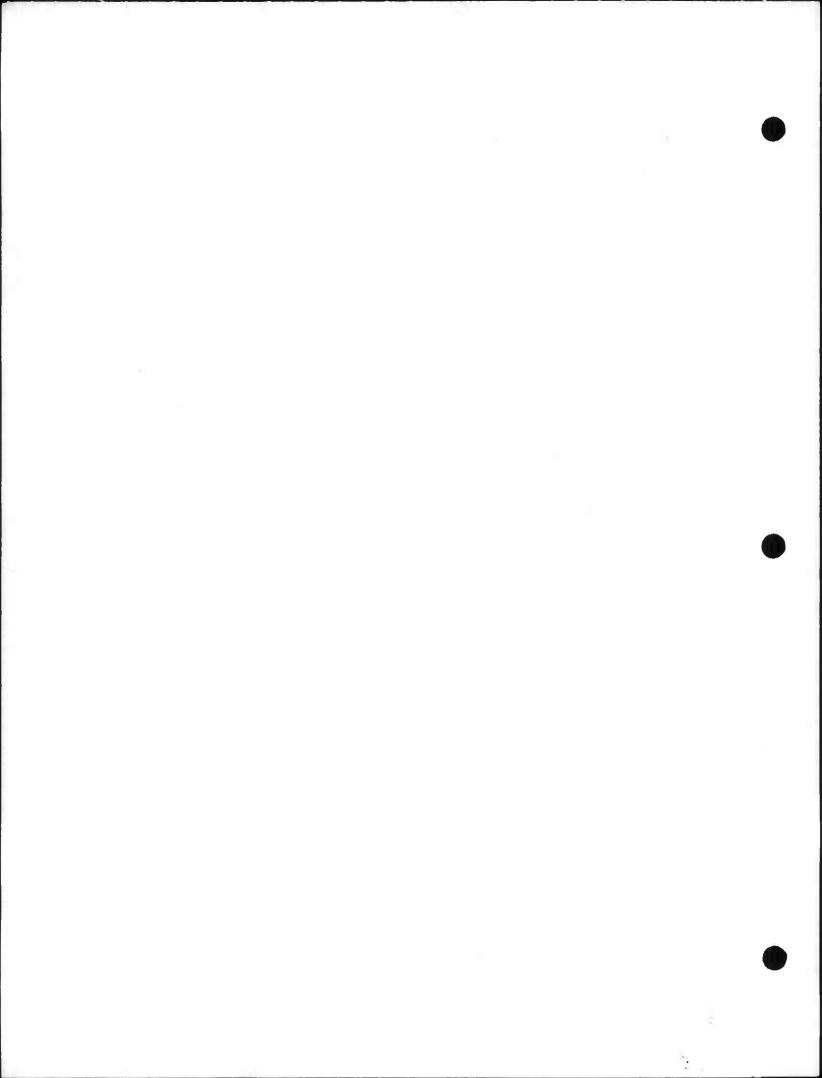
1	-	STATE REGISTR	ΑF
Π,		ECEDENTIO	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

		HEGISTHAH		- CL	-OTTE	CATE	L DENI	п	R	EG. NO.			
		1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY YE					YEA	3. TIME OF DEATH			
		P. VICTORI			URME	R			Feb	14,	199		М
		4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last		IF UNDER 1 YEAR	-	24 HRS. MIN.	7. DATE OF E (Month, Da		6. Bi	RTHPLACE (State or Foreign	gn
P		212-38-4515	6	7 YRS.					24 19	925 Un:	ited Kingdo	om	
3 should	<u>ر</u>	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									F DEATH		
2	стоя	3723 Mortonia Road Baltimore											
Pages 1.	1 ш І	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	CATION					10d. INSIDE CITY	
Y.	DIR	Maryland				Balti	more					LIMITS?	
permit.	A	10e, STREET AND NUMBER				101. ZIP CODE	5		10g. CITIZEN OF WHAT COUNTRY				
- ES	FUNERAL	3723 Mortonia	Road				2121	6			United Kingdom		
physician. burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS D	ECENDENT OF	F NISPAN	IIC ORIGIN? (S	pecify Yan	or No- 14. R	ACE - American Indian.	
3-00-0 nding physic is the burial	ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 L		O		specify Cuban ES 2 NO		n, Puerto Ricar	n, atc.)		Black, White, atc.	
the hospital or attending physician, detached for use as the burial-tran	ED B					1						Black	
or aft use	ETE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DEC	ve kind of wo	SUAL OCCUPA ork done during retired.)	TION most of working	7	16b. K/N	D OF BUSI	NESS/INDUSTR	Y	
pital o	1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)			ve Sec							
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	orrege	EXC	CHUL	ve sec			Fra. ME (First, Middle			e Hospital	
be d	Ш	George T. Smith							Jane B		,		
retained by the S should be a	m	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING A	OORESS (Street		_			State, Zip Code	)	
e reta	유	Ellen Giles		- 1		elsea					, MD		
Page 6 may be il director, page		20e. METHOD OF DISPOSITION		20b. PLACEA	ND DATE OF	DISPOSITION			OATE		ATION - City o		
. Page 6 ma ral director, p		1 Donation 6 Other (Specify)	tombment	Wood]	natory or othe Lawn (	er place) Cemete:	rv			Ba1t	imore	County, MD	,
ral di		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRES	S OF FAC	PILITY MILE	tter	Funera	1 Homes, I	nc.
ter death. Page 6 m the funeral director, oval.		1 Les lyst	6 h	11111		2501	Gwynn	s Fa	alls Pa	arkwa	V		
ours after d in by the or removal		23. PART I. Enter tha diseasee, or c	omplications that c	eused tha dea	⊃ ath. Do no	t entar the n	node of dvin	I'Id I	ryland	or reenin	210	Approximata	
DO TO		enock, or heart failure. I	ist only one causa	on each line.								Interval Betw	veen
		iMMEDIATE CAUSE (Final disease or condition	Trans	Onset and De							eatn		
rted within completely ial, cremati		DUE TO (OR AS A CONSEQUENCE OF):											
executed within and completely o bunal, cremat	z	disease or condition resulting in death)  a. Transverse and Consequence of:  Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
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9 6 6 9	S	CAUSE (Disease or Injury											
		that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSEO	UENCE OF):	•							
4 5 5 0	CE											<u> </u>	_
요 문을 글		PART II. Other eignificant conditions	contributing to de	eth but not re	aulting in	the undarly	ing ceuse gi	iven in i	Part I. 24a	. WAS AN A		24b. WERE AUTOPSY FINDI	INGS
that the lith are any	EDICAL							_	_   1.5	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	SE
requires en sign of Healt	MEI									2		1 YES 2 NO	
as been	ä								_				
1 1 1	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Τ-		PLACE OF DE	ATN (Che	ck only one)				
200	YSI	1 TYES 2 NO	1   Inpatient 2   E	R/Outpatient 3		OTHER:	ome 5 Res	Idence	8 Other (Spi	ecify)			
this ca with 1	PHY	27, MANNER OF OEATN	28s. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME	RY V	NJURY AT WORK?		28d. DESCRIE	E NOW IN.	JURY OCCURED	)	$\neg$
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74 P P P P P P P P P P P P P P P P P P P	29s. CERTIFIER (Check only one)  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piecs, and due to the cause(s) and menner as stated.  29s. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piecs, and due to the cause(s) and stated.										_		
TO THE HOSPITAL TO THE FUNERAL Se filed within 72	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and man								ee(a) and manner as state	id.			
THE F	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, M									NED (Month, Day, Year)			
₽ ₽ ₽ ₹	5	matifa	la Hi >	070	D		De	262	550		2/11	0193	
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	0 (Type, P	rint)	N = ~		0, 2				
	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	ull	-110	<i>y</i> 2	-10	13.				
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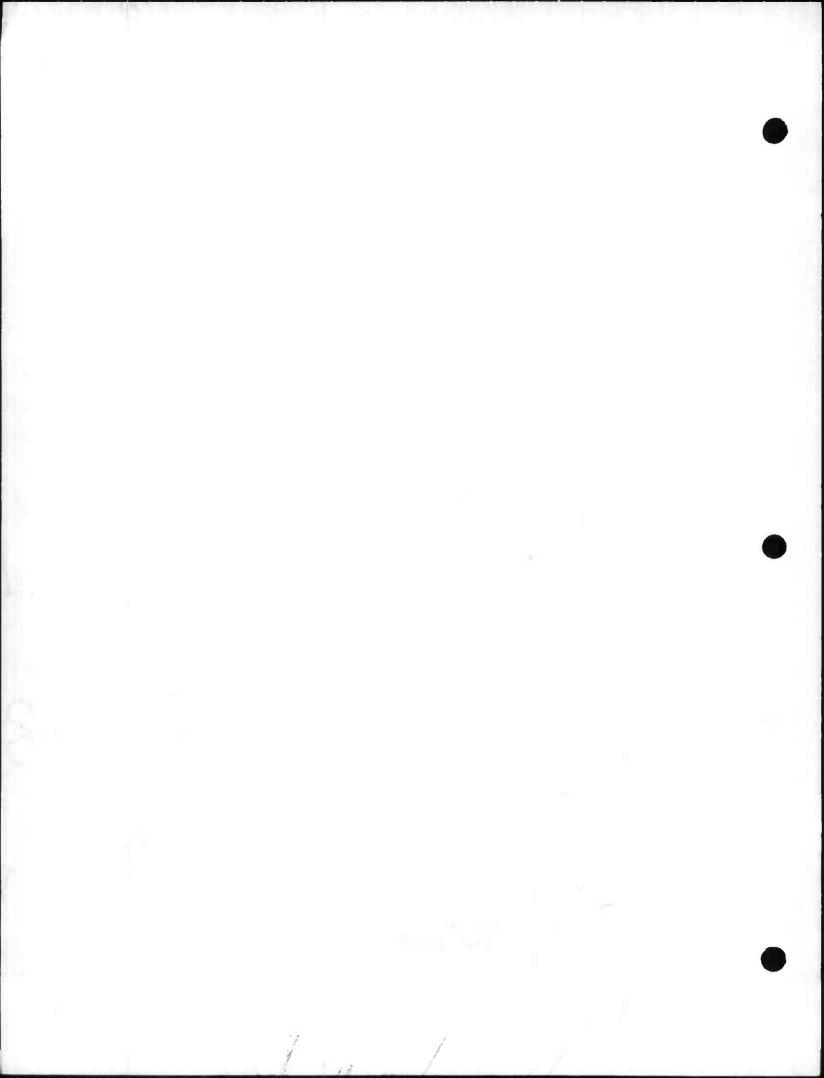
DHMH-16 Rev 1/89



	TO THE HOSPITAL OR ATTENDING ACCESSANT: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After the has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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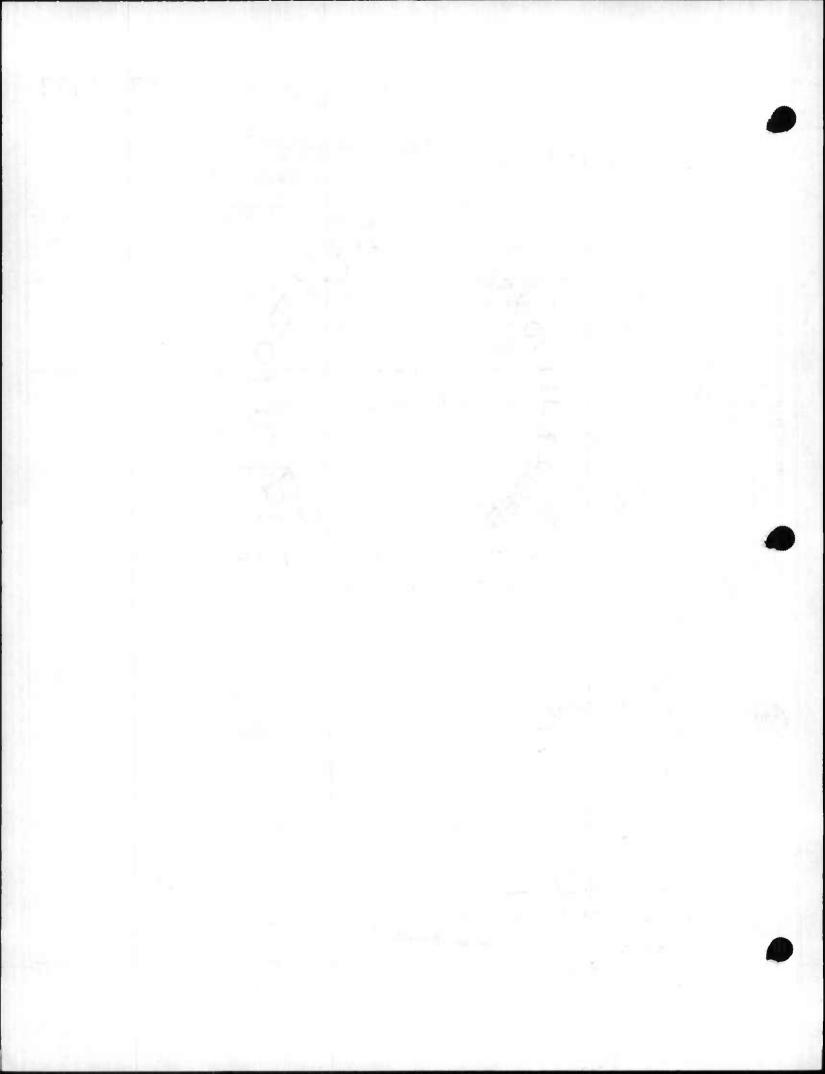
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	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEAL		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH
	RHODA	S.	UDELSON			Feb. 16,		10:05 A M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) #	UNDER 1 YEAR   IF L	INDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign
	127-14-5285  9a. FACILITY NAME (If not institution, give		96 YRS.	THE DAYS HOL		(Month, Day, Year) Feb. 22,18	896 Ne	w Jersey
œ	3507 S. Leisure	,	90.	Silver S		тн	Mont co	
DIRECTOR	RESIDENCE OF DECEDENT	WOLLD DIVE.		PITAGE	bring		Montgo	mery
Ä	10a. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
		tgomery	Sil	Lver Spri	ing			1 X YES 2 NO
₹ I	10e. STREET AND NUMBER			10f. ZIP			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3507 S. Leisure			20	906		U.S.	Α.
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES				ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 - YES 2 -		,		Specify: White
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USU	AL OCCUPATION		18b. KIND OF BUS	SINESS/IND/ ICT	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work in the Do NOT use ret	done during most of vired.)	vorking	IGO. KIND OF BO.	344C33/14UU3   1	VI.
COMPLETED	Entitle in the second state of the second stat	1	Technical	L Reports	Edito	r U. S. (	Governm	ent
S	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
BEC	George Morriso	n Sherman			Ella	Samue1son	n	
0	19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Tow		
۲	Burton J. Udels	on	10833 Qu	ail Cree	k Lane	, Manassas	s, Va.	22111
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rec		D. PLACE AND DATE OF DI				CATION — City	
	4 Donation 5 Other (Specify)		netery, cremetory or other p			18-93 Fa	11s Chu	rch, Va.
- 1	21. SIGNATURE OF FUNERAL SERVICE L	1 CENSEE	1.	22. NAME AND AD	DRESS OF FACI	Ames F	uneral	Home, Inc.
	Dema	10 0 9	mes			. Manassas		22110
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Vetterna that cause on a DUE TO (OR AS A	ech line.		dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a placer	_	aga				many gra
A I	PART II. Other algnificant condition	ins contributing to death b	out not resulting in th	ne underlying ceu	ise given in P	art I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 [] YES 2	NO NO	OF DEATH?
Σ						_		1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26 PLACE	OF DEATH (Chec	t only one)		
S	EXAMINER?	HOSPITAL:		HER:				
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5		28d. DESCRIBE HOW I	NJURY OCCURE	D
-	1/1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES				
E A	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, street	t, factory, office		281. LOCATION (Street a	and Number or Ri	iral Route Number,
COMPLETED	4 Homicide determined	building, atc. (Spec	city)			City or Town, State)		
ן ב	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	riedge, death occurred at	the time date and a	place, and due to	the cause(s) and mer	oner no stated	
		IER: On the basis of examination						use(a) and menner as stated.
- 13	29b. SIGNATURE AND TITLE OF CERTIFI				LICENSE NUMB			NED (Month, Day, Year)
H	Barber Bla	Rul MID.		, N			D 2/1	I C
2	30. NAME AND ADDRESS OF PERSON W	Carre I	ATH (ITEM 27) (Type, Prin	0)	2690		///	017 5
		, m.D., 6111 Ex	recutive 1	31 ml R	eku'll	e, my Z	0852	
	FEB 17 1993	SE MECHANISH	AT PENDEN		W. C. III	11/2	- 4	
- 1	1 mm # 1 1444	4.0						



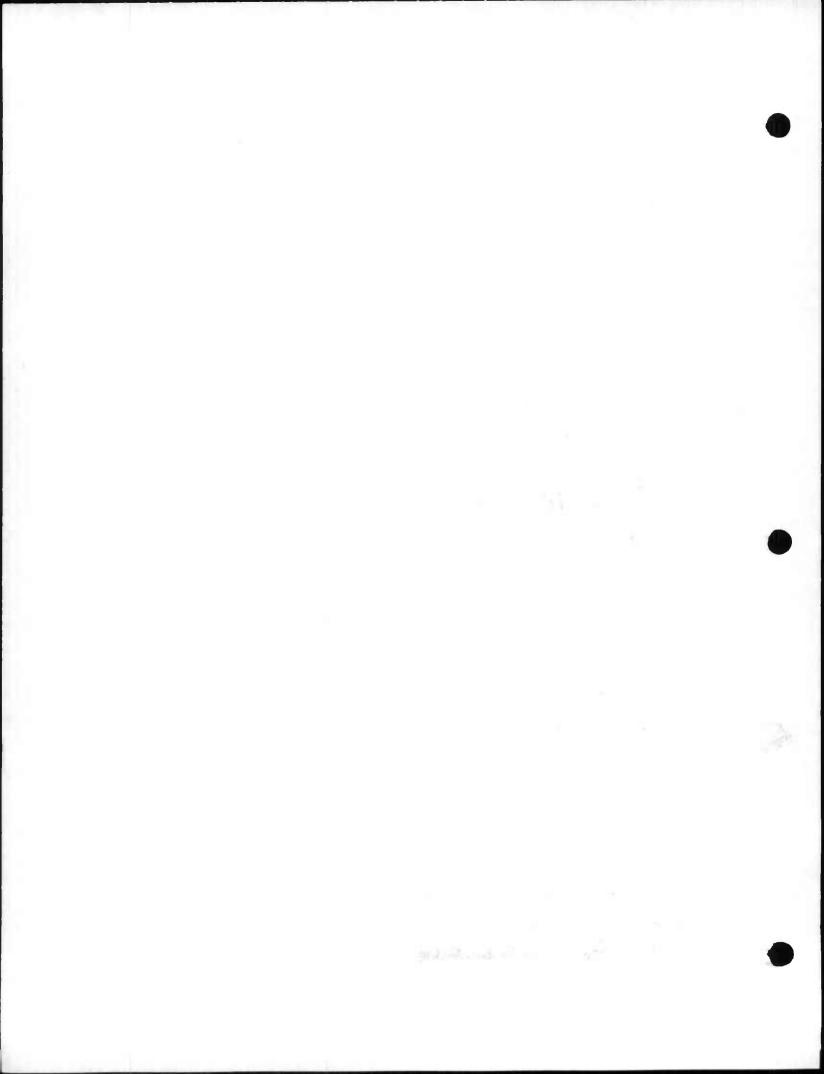
		DIVISION OF VITAL CORDS, P.O. BOX 68760, BALTIMORE, MARYLAN	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The last the death certificate be executed within X-riours after death, Page 6 may be retained by the his	TO THE FUNERAL DIRECTOR: After this certifice has the second of the attending physician and completely filled in by the funeral director, page 5 should be detact be filled within 72 hours after death with the Size Dept.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
--	--	---	---	---	---

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H			GIENE 9	3 03772
	1. DECEDENT'S NAME (First, Middle, Last)	Chai	rles N. Vi	el		2. DATE OF DE MONTH	ATH	3. TIME OF DEATH 3: 11 pm.
	4. SOCIAL SECURITY NUMBER 21 5-1 0-7 671  9a. FACILITY NAME (If not institution, give str	1 💢 M 2 🗆 F	71 YRS.	FUNDER 1 YEAR NONTHS DAYS 9b. CITY, TOWN OF	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIR (Month, Day. 1	Year)	BIRTHPLACE (State or Foreign Country) Maryland OF DEATH
TOR	V.A. Hospital - B	altimore		Balti	more			
FUNERAL DIRECTOR	Maryland 10b. COUNTY			town on Locati ltimore	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER3015 Grindon Ave	nue		101.	21214			ed States
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe-	NDENT OF HISPA city Cuben, Maxic NO Speci	NIC ORIGIN? (Specian, Puerto Rican, e	olfy Yes or No- 14	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		180. DECEDENT'S UT (Give kind of wo life. Do NOT use Manager-	rk done during mos retired.)	of working		of Business/Indus	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Otto W. Vie	1			16. MOTHER'S N.	ille B.	Maiden Sumame) Brooks	
10	19a. INFORMANT'S NAME (Type/Print)  Catherine J. Vie 20a. METHOD OF DISPOSITION	1		Grindo			or Town, Stere, Zip Co More, Md	
	1 N Burlel 2 Cremation 3 Remore 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  Market 2	vel from State	ob. PLACE AND DATE OF Smelery, crematory or othe Cardens of Zavoyna	Faith C 22. NAME AND Leon	emetery ADDRESS OF FA	2/19/93 Ruck, Ir	Baltimo Baltimo nc. Baltimore	re, Maryland
CERTIFICATION	23. PART I. Enter the diseases, of shock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	eech line.	ic An			reapiratory arresi	Approximata interval Between Oneet and Daett
MEDICAL	PART II. Other eignificant conditions Circ hosis C< Cal Mas		but not resulting in	the underlying	ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	CE DF DEATH (C			
	27. MANNER OF DEATH  1 Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,	28b, TIME	OF 28c, INJU	RY AT K?	8 Other (Special 28d. DESCRIBE	HOW INJURY OCCUR	ED
TED BY	Accident investigation  3 Suicide 6 Could not be determined certained determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER							ause(s) and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  SV 10 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF	esidenta	miseur	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
	10 N. Greeve	5+. Bo	chimor		21:	201		
	2 FFR 1 7 1993	32. REGISTRATS 61	NATUR					



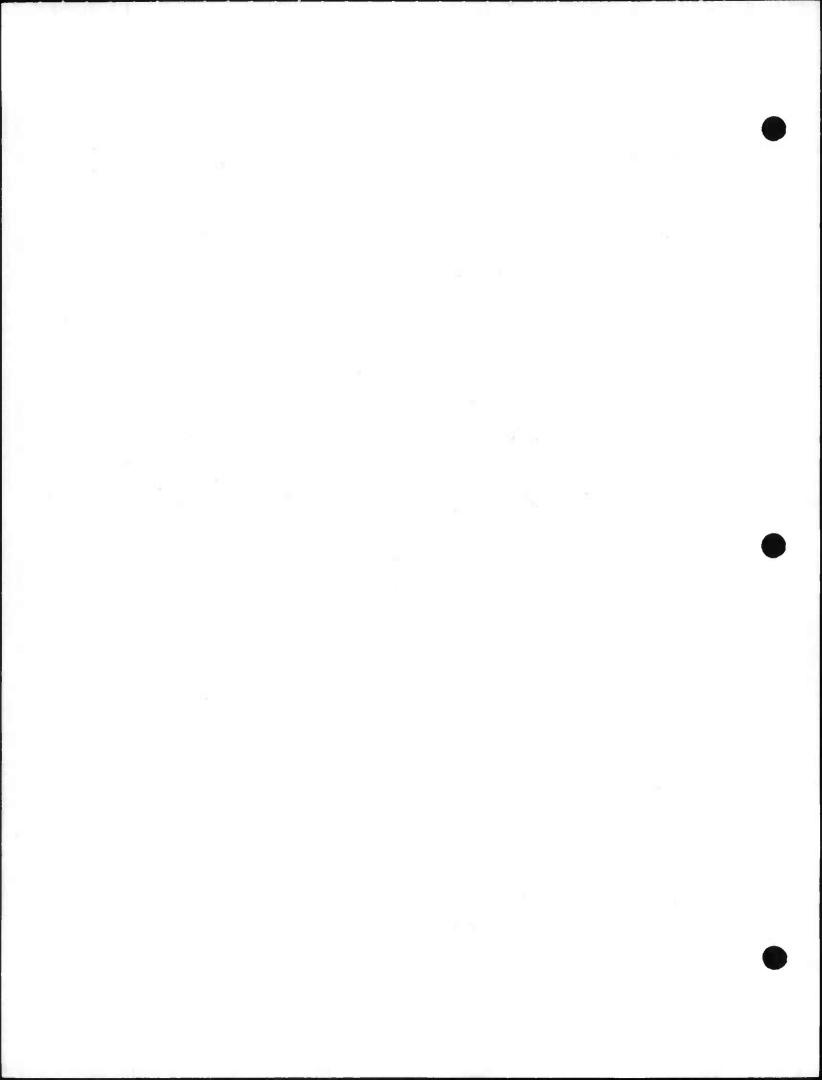
or attending physician.	Lise as the burial-transit normit Page 1-2 2 chould	the state of the s		
er quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	igned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit nermit page 1.2 should	In the Start of Health and Mental Hygiene prior to burial, cremation, or removal.	filter 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at none	
A UN ALLEMUINE PHYSICAN	Mean	2 hours after death with the State	item 28 is marked, or item	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	June Valenti	ing. June	E.Valer	atine		02 /3		3 0420 a M
		5. SEX 6. AGE (	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
		□ M 2 X F 67	YRS.			6/17/19	25	Maryland
Œ	9e. FACILITY NAME (If not institution, give street				OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	A.A. Medical Ce	nter		Annapo	lis,Md.		A.A	Co.Md.
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	rion		-	10d. INSIDE CITY
	Maryland A.	A.Co.	Ann	napolis	,Md.			1 YES 2 K NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE	-	10g. CITIZE	N OF WHAT COUNTRY?
Ä	1140 Cove Rd,			21	403		US	A
	11. MARITAL STATUS 1. Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yes	or No- 14	. RACE American Indian, Black, White, atc.
B	3 ₩ Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ITES 11	1 TYES	2 X NO Specif	y:		SpecWhite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUS	TRY
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life. Do NOT us	work done during mo se retired.)	st of working			
MP	8th.Grade -		Homen	naker		Own	Home	
	17. FATHER'S NAME (First, Middle, Last)	_			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H	Edward	Cau	ffman		Mary		Unkn	own
임	Mr.Charles E.Va	lonting T	1			Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE O	DE DISPOSITION (No	moof	Balto.Md		1230
	1 Remova 4 Donation 5 Other (Specify)	from State Came Bo	a I to . Na	tional	Cemt.2	/16 Bal		ty, Md.
- 1	21. BIGNATURE OF FUNERAL SERVICE LICEN	349			D ADDRESS OF FA	CILITY		
- 8	> X= EVC			MCCII	11v Fun	Balto.Md	.2123	E.Fort Ave.
	23. PART I. Enter the diseases, or com-	nplications that caused	the death. Do n	ot enter the mo	de of dying, suci	h as cerdlec pr respi	retory errest	Approximate
	IMMEDIATE CAUSE (Final	t only one ceuse on ea	ich line.	1				Interval Between Onset and Death
	disease or condition resulting in death)	Acute Ca	udiae	deci	sugger	sation		lhr
			CONSEQUENCE OF	): /	0	4115		
S O	Sequentially list conditions, b.	Cardio	CONSEQUENCE OF		my 7	CHT		years
¥	If any, leading to immediate cause. Enter UNDERLYING	Coronce		71 de	ADOLD	1		ueau
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TOUDE AS A	CONSEQUENCE OF	);	Lu-pi	1		80001
CERTIFICATION	resulting in deeth) LAST	Ora be	ter					year
_ 1	PART II. Other significant conditions of	ontributing to deeth by	it not regulting is	n the underlying	cause given in	Part I. 24a. WAS AN	ALITOPSY	24b, WERE AUTOPSY FINDINGS
S	remal faile	0/1		diali		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Cle no dasa	elær des	lance			1 - YES 2	∐ NO	OF DEATH?
	myocardial	melociet	194					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	9		26. PL	ACE OF DEATH (Che	ck only one)		
Š	4 🖂 1000 - 1000	OSPITAL:  Inpatient 2 ER/Outpa	tient 3 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)		
표	27. MANNER OF DEATH  1 Neturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JRY AT RK?	28d. DESCRIBE HOW IP	JURY OCCUR	EO
À	2 Accident Investigation				ES 2 NO			
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, stc. (Specif	— At home, ferm, st	treet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or F	Rurel Route Number,
	29e. CERTIFIER		_					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowle	dge, death occurre	d at the firme, date	and place, end due	to the cause(s) and man	ner se stated.	
	29b. SJØNATURE AND TITLE OF CERTIFIER			T				
H H	Suce R Joon	ely a	WD		D 2 0	131	29d. DATE SIG	GNED (Month, Day, Year)
2 }	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	1	1 3 (	^	. 5 7 5
	KARL HOLSC	HUH GC	oo Ri	deely	Aus.	Anna	20115	21401
	TEB 17 1993	in Davidon A	mobile				•	



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 main an executable by the hospital or attending physician.	g physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 the detached for use as the burial-transit permit be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation or removal	ne burial-transit permit.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	GMN											-	) ()	00	1 1 7
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /				IEALTH DEAT		MENT	AL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)  Rudolph Wil.				lia	liams				MONTH DAY YEAR			OF DEATH		
	4. SOCIAL SECURITY NUME 218-60-3294	BER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	2 TE OF BIRTH 9th 245 246		993 8. BIFF	THE	23 A.
			1 X M 2 D F	79	YRS.						9-25-5	3		Mar	yland
œ	99. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center							or LOCATIO				9c. (	COUNTY OF	DEATH	
5	RESIDENCE OF DECEDENT					Dal	- L -LII	ore	C.L	СУ					
DIRECTOR	Maryland	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION	Ва	lti	more			LIN	SIDE CITY MITS? ES 2 NO
FUNERAL	10e. STREET AND NUMBER	150	02 Baker	Street			101	. ZIP CODE	212	17		10g.	CITIZEN OF	S.A.	UNTRY?
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIG	GIN? (Specify	Yes or No	- 14. RA	CE - Ame	ricen Indian,
BY	1 X Never Married 2 3 Wildowed 4 Divo	1.1.	IF YES, GIVE V	YES 2X	NO			2 XNO			to Rican, atc.)			eck, White, ecity: B7	ack
ETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(G	CEDENT'S	work done		ON st of workin	g	1	6b. KINO OF	BUSINESS	/INDUSTRY		
COMPLE	Elementary/Secondary (0	-12)	College (1-4 or 5	+) life	Sec	se retired.) retai	CV								
8	17. FATHER'S NAME (First, M	iddle, Last)						10. MOTH	IER'S NA	ME (Firs	t, Middle, Meld	den Surnen	10)		
BE			rnest Wi								Boyer				
2	196. INFORMANT'S NAME (7				b. MAILING						imber, City or				
	20s. METHOD OF DISPOSIT	Fmma	_Willia						er S		et Ba			212	
	1 Donation 5 Other	n 3 🗆 Reme	oval from State	cemetery, cre	CE AND DATE OF DISPOSITION (Name of crematory or other grace)						DATE 20c. LOCATION — City or Town, State				
l i	21. SIGNATURE OF FUNERAL ETYICE LICENSES.  22. NAME AND ADDRESS OF FACILITY William C. Brown Communi														
	> // Juje King					Н.	1200	1.1	No	willia rth Av	ım C.	BLOM	vn Co	mmunity . 212	
	23. PART I. Enter the diseases, or complications that coused the diseases.			eth Do											
	shock, or heart islidre. List only one cause on each lin			).	iot enter	the mo	de or dyl	ng, suc	n ss ce	eralec or re	spiratory	srreet,	in	pproximate terval Betwee	
	IMMEDIATE CAUSE (Finel disease or condition				6	- ( )	VI Y	2 -						0	nset and Deat
	resulting in death)		DUE TO	(OR AŞ A CONSE	DECIVER DUCO GOLIS										
z			OBOR	mic	DC	0	40	-18-	~-						
CERTIFICATION	if any, lesding to immed	if any, leading to immediate					JENCE OF):								
2	cause. Enter UNDERLYI CAUSE (Disesse or Inju		C	referen.											
Ë	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):									
Ü	West See .		4												
- 1	PART II. Other significe	nt condition	s contributing to	deeth but not r	esulting	in the un	derlying	ceuse g	lven in	Part I.		AN AUTOP	SY 24		UTOPSY FINDINGS
2												ORMED?			LE PRIOR TO
M											RAM	MAIN			S 2 NO
ä											4	11/0			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HQSPITAL:			OTHER		ACE OF DE	ATH (Ch	eck only	one)				4
IYS	1 X YES 2 NO		HOSPITAL:			4 🗆 Nun	sing Hom		idence		her (Specify)				
효	4 /	Pending	28e. DATE OF (Month, D		26b. TIM INJ	URY		RK?		28d. D	ESCRIBE HO	W INJURY	OCCURED		
BY	2 Accident Investigation 28e PLACE OF INITIRY — As h			me ferm	etraat fact	1 U Y		NO	004.16	20471011 /0					
且	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)							nper,							
2	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	ed at the t	lme, data	end place,	and dua	to the c	ause(a) and r	nanner sa	stated.		
3 Suicide 8 Could not be determined 201. LOCATION (Street and Number or Rural River) 2						(e) and me	nner as stated.								
ш							1	29c. LICE					DATE SIGNE		
0	Magrite a	reyh	elle						. C . I				02/1		
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	71 144							-				
	FEB 17 100	(asr)	A PROPERTY.	P'S LINA UTE	ren	<u>n 51</u>	ree	٠, .	Bd⊥	C J.M	ore,	Mar	yran	ia a	21201
	·	A A													



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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. notified at pe must examiner DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine 2 certificate requires that the death WE The ATTENDING PHYSICIAN: DA TO THE FUNERAL C be filed within 72 h IMPORTANT: If It HOSPITAL 를 다 등

93 03775 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Edna Wilson Marie 1993 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BURTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7-13-1918 236-14-8664 1 🗌 M 2 📝 F West Virginia 74 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 1703 Searles Road Dundalk Baltimore RESIDENCE OF DECEDENT 100. STATE Maryland 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Dundalk 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1703 Searles Road 21222 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yan or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Clerk Tupist Federal Government 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Jackson Cropp Audrey Bell Brown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 330 Dewey Circle Anchorage, Alaska 99508-2235 Barbara Wright 20a. METHOD OF DISPOSITION
1 1 Buriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 1 Buriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) Oak 2/15/93 Lawn Cemetery Baltimore. Maruland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Retween Onset and Death IMMEDIATE CAUSE (Final disease or condition\_\_ herelong resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Chronic Halfuctor MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1 Natural 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO B Acciden 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0-1815-1 2-12-13 2

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATUR

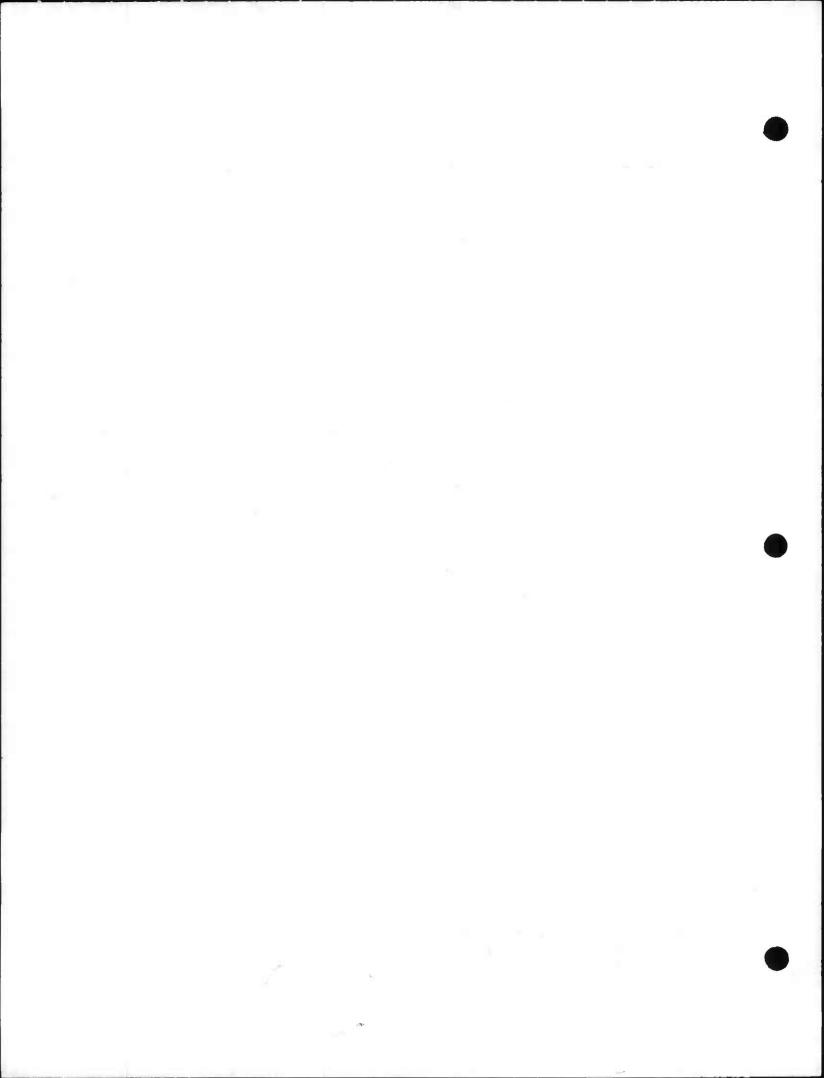
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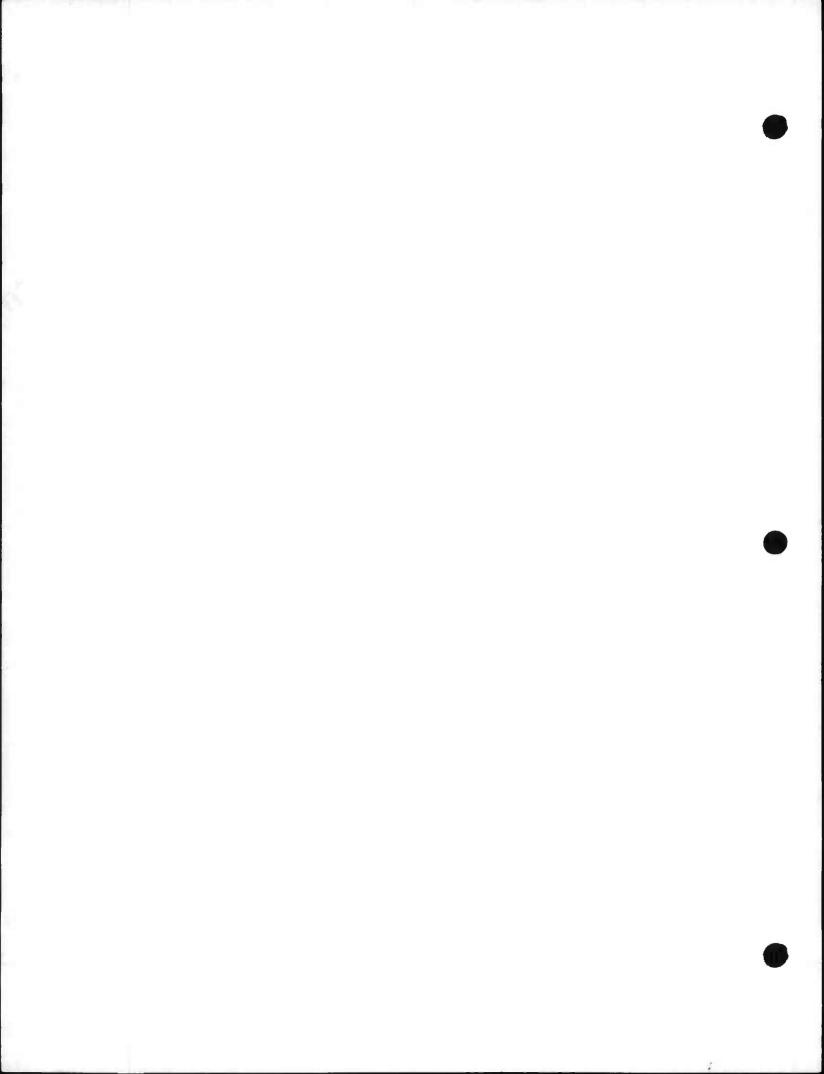
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

anding physician.	as the burial-transit permit. Pages 1, 2, 3 should	
after death. Page 6 may be retained by the hospital or at	by the funeral director, page 5 should be detached for use emoval.	dical examiner must be notified at once
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	RECIDIT. After this certificate has been signed by the attending physician and completely filled in by the	28 is marked, or item 23 shows any injury, or other traumatic event, the me

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DOZ NATHANIEL WHITE 1410 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 | F 212-16-6559 YRS. 72 12-3-20 MD 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1X WES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14 N N STREET 21202 U.S.A. COLVIN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X ES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Narried IF YES, GIVE WAR OR DATES X YES 2 NO Specify: ΒY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HESTER DENNIS TITUS WHITE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 141 COLVIN STREET/BALTIMORE, MD 21202 EDNA WHITE 20s. METHOD OF DISPOSITION
1♥ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b, PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State OWINGS MILLS, MD GARRISON FOREST VA CEM. 21. SIGNATURE (IN FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Mastapic Liver Ca de disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Failure AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? real 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?
1 YES 2 NO HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 Inpatient 2 I ER/Outpatient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ΒY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

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TO THE FUNERAL D 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 29c. LICENSE NUMBER 196. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

2/13/93 BE 製業 3 Execulist deed plavaren mo 40356 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balto. MD Broaded suy



BALTIMORE, MARYLAND 21215-0020

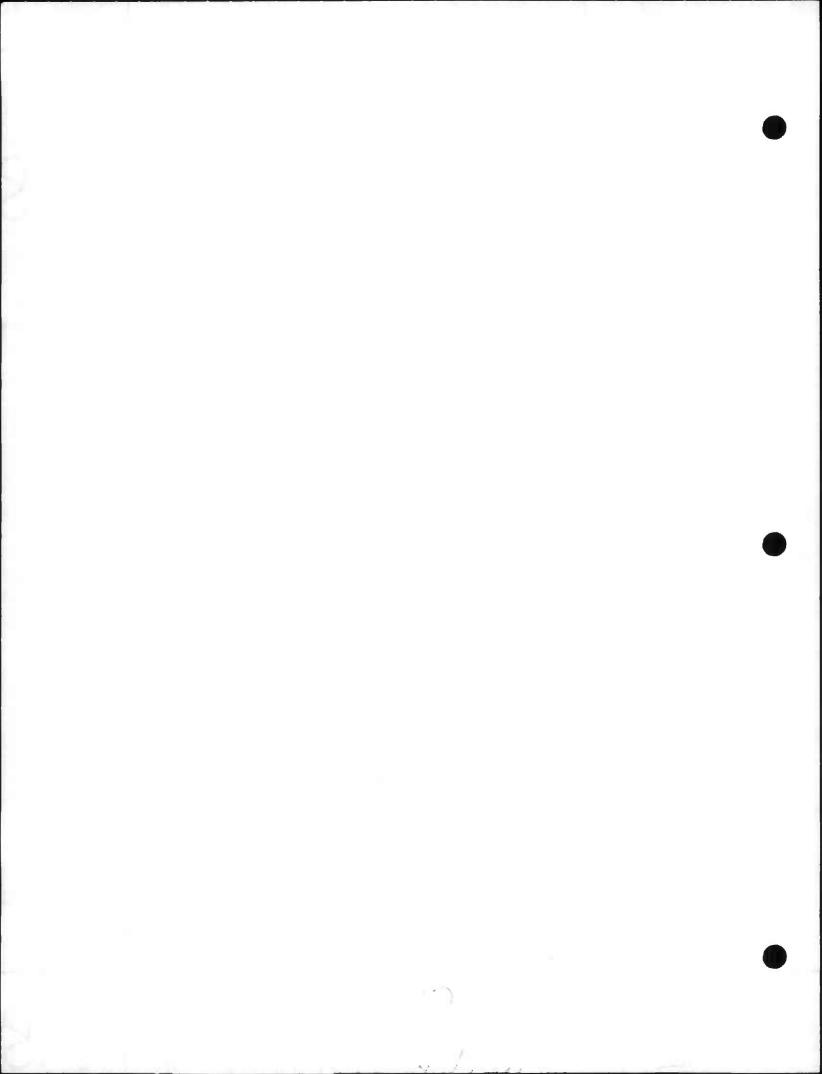
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

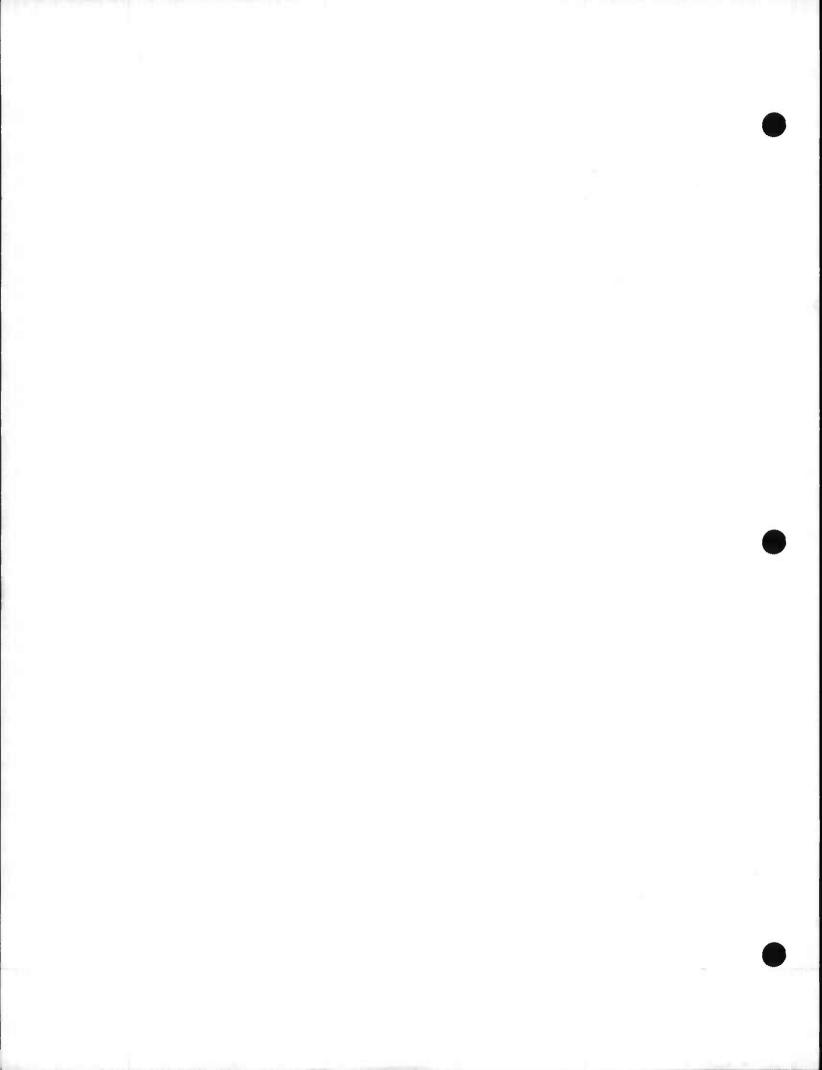
	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) Charle	e.	Will	iams	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-26-7370			INDER 1 YEAR F UNDER 24 HRS.	2-6-9  7. DATE OF BIFTH (Month, Day, Year) 12-14-19	8.	4:30A M BIRTHPLACE (State or Foreign Country) Maryland
Œ	Sa. FACILITY NAME (If not institution, give s	treet and number)		CITY, TOWN OR LOCATION OF I		Sc. COUNTY	
DIRECTOR	533A Hazlett Ave		10c. CITY TO	Baltimore WN OR LOCATION			ng 10d, INSIDE CITY
	Maryland	na		ltimore			LIMITS?
FUNERAL	533 A Hazlett			21229		US	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	enn, Puerto Rican, etc.)	es or No- 14	RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use reti	fone during most of working red.)	16b, KIND OF B	JSINESS/INDUS	TRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)		SOCIAL SE	curity Admin/	nomemaker  AME (First, Middle, Maide	n Surname)	
8	Charles Kelson	1			ta Jones		
유	Leslie Mc Farla	ınd		RESS (Street and Number or Rura			
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem  4  Donation 5  Other (Specify)		b. PLACE AND DATE OF DIS metery, cremetory or other p	SPOSITION (Name of lace)	OATE 20c. L	OCATION — CITY	y or Town, State
	21, SIGNATURE OF FUNERAL SERVICE LIC	Ronald Wa		22. NAME AND ADDRESS OF F	more St, B	alto,MI	21201
	23 PART I. Enter the diseases, or o shock, or heart feilure.  MMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that cause List only one cause on	ed the death. Do not elect line.	nter the mode of dying, su	ch as cardiac or rea	piratory arrest	t, Approximate interval Between Onset and Death
NO.	Sequentially list conditions,	alle	A CONSEGNATION OF	Metrola	ei,		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	0.	A CONSEQUENCE OF):				
CERI	resulting in death) LAST	£					
MEDICAL	PART II. Other algnificant condition	s contributing to deeth	but not resulting in th	e underlying cause given in	Part i. 24a. WAS A PERFC	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 □ YES 2 ☑ NO	HOSPITAL: 1   Inpatient 2   ER/Out	Instinct 3 DOA 4 D	26. PLACE OF DEATH (C HER: Nursing Home 5 & Residence			
РНҮ	27. MANNER OF OEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	REO
ED BY	1   Natural 5   Pending Investigation 2   Accident 3   Suicide 8   Could not be determined 4   Homicide 4   Homicide 1   Homicide 2   Accident 5   Accident 5   Accident 6   Accident 7   Accident 7   Accident 7   Accident 8   Could not be determined 6   City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 6   City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC			the ilme, date and place, and du			
u I	296. SIGNATURE AND TITLE OF CONTIFEE		on and/or investigation, in	my opinion, death occured at th			GNED (Morgin: Day, War)
TO B	30. NAME AND ADDRESS DE PERSON WIS	D-COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print			1	14/13
	DR HEREDIA	, 413 Commwe	alth Avenu	e, Baltimore,	MD 21228		
	51. DATE FILED (Month, Day, Year) (FFB 1 7 1993	32. REGISTRAR'S SIGI	NATURE				



	,
68760,	
BOX 6876	
P.O.	
RECORDS	
OF VITAL	200
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSCIAM The raw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		9		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	JOSEPHINE M. WICH	KLESS JOSE		(7	DAY DAY	93 1115 m					
3	4. SOCIAL SECURITY NUMBER 21224 86666	1 - M 2 DF		UNDER 1 YEAR F UNDER 24 HP	distanti Charles Maria	8. BIRTHPLACE (State or Foreign Country)  Fred exick MA					
DIRECTOR	99. FACILITY NAME (If not institution, give street end number)  91. CITY, TOWN OR LOCATION OF DEATH  92. COUNTY OF GEATH  PESIDENCE OF DECEDENT  93. COUNTY OF GEATH  94. COUNTY OF GEATH										
Ü	10a. STATE 10b. COUNT	ν	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY					
	100. STREET AND NUMBER	2	1 TYES 2 (TIMO								
FUNERAL	2811 De	laware	ave	101, ZIP CODE	.27 log. (	U.S.A.					
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp	SPANIC ORIGIN? (Specify Yes or No- oxican, Puerto Rican, etc.) specify:	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION Correlated)	16a. DECEDENT'S US	JAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/						
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)							
COMPL			НОМЕМА								
	17. FATHER'S NAME (First, Middle, Last) HARRY ADAMS				NAME (First, Middle, Maiden Surname	0)					
BE	19a. INFORMANT'S NAME (Type/Print)				LAIDE BREIGHNER						
5	DOLORES M. WICKLE	ESS			Ural Route Number, City or Town, State, DAD - LINTHICUM						
1	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	ovel from State	. PLACE AND DATE OF	ISPOSITION (Name of		— City or Town, State					
	4 Donation 5 Other (Specify)	1	HOLY CROSS	CEMETERY	02/20 BALTI	MORE					
	21. SIGNATURE OF STREBAL SERVICE LIC	DOME /// /	/	22. NAME AND ADDRESS OF	F FACILITY NERAL HOME INC.						
	Curto H.	Lough	Lan Ed	4107 WILKEN	S AVENUE-BALTIN	MORE, MD. 21229					
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that cause	d the death. Do not	enter the mode of dying,	such an cardiac or respiratory	arrest, Approximate					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a										
z	DUE TO (OR AS A CONSEQUENCE OF):  A Tryle M J										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):								
CER		d									
SAL	PART II. Other algolificant condition	a contributing to death b	out not resulting in t	he underlying cause given	In Part I. 24a, WAS AN AUTOPS PERFORMED?	AMAJLABLE PRIOR TO					
MEDIC					1   YES 2   NO	OF OEATH?					
						1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIOCONITAL C		26. PLACE OF DEATH	(Check only one)						
YSI	1 YES 2 NO	HOSPITAL: 1 □ Impatient 2 □ ER/Outs		THER:  Nursing Home 5 - Residen	nce 8 Other (Specify)						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d, DESCRIBE HOW INJURY	OCCURED					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, stree		261. LOCATION (Street end Num City or Town, State)	iber or Rural Route Number,					
COMPLETED		CIAN: To the best of my know	riedge, death occurred s	t the time, date and place, and	due to the cause(s) end manner as						
OM						o the cause(s) and menner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	MILE	33-1	29c. LICENSE	NUMBER 29d. C	DATE SIGNED (Month, Day, Year)					
유	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	"BOHA							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATTIBE	2277							
	FFRMAGADON	A. C. M.	LATURE .								
ليا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Section of the section of	- Shadada								



ITEMS: 23 PART I, 27, PER MEO G-697 3/5/93 t.t

		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	ITMENT OF H	HEALTH AND DEATH	MENTA	L HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	R.		WOLF	ORD	2. DATE	OF DEATH	<b>3</b> 9	EAD	TIME OF DEA	ATH A •M
pin		4. SOCIAL SECURITY NUMBER 216-80-0595  9a. FACILITY NAME (If not institution, give str	¹¼M2□F 18	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEB.	OF BIRTN h, Day, Year) 18,19		Country)	ACE (State or F	Foreign
1, 2, 3 should	CTOR	98. FACILITY NAME (If not institution, give street and number)  99. COUNTY OF DEATH  90. COUNTY OF DEATH  PARBOR HOSPITAL  RESIDENCE OF DECEDENT  90. COUNTY OF DEATH										
Pages	DIRE	MARYLAND ANNE	E ARUNDEL	10c. CIT	Y, TOWN OR LOCAT						d. INSIDE CIT LIMITS?	011
an. ransit permit.	FUNERAL	6 S. ELEANOR AVEN	IUE		101	21090			20	S.A.	T COUNTRY?	
-0020 Jing physician. the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specif	en, Puerto	f? (Specify Yes Rican, atc.)	or No- 14	RACE — Black, W Specify:	American Indi vhite, atc. WHIT	
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the bunal real.	LETED	1s. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON st of working	168	. KIND OF BUS	INESS/INDUS	TRY		
YLAND of the hospital be detached to at once.	COMPL	12TH GRADE		DI	SABLED	16. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
MARYL stained by should be stiffed at	BE	RANDALL J. WOLFORD  190. INFORMANT'S NAME (Type/Print)	1	105 11411 1110	100DE00 (0)	MARY						
, MAR be retained ge 5 should a notified	5	MR & MRS RANDALL J	. WOLFORD			and Number or Rural AVENUE-L						
1ORE, e 6 may be ector, page		20s, METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  MEADOWRIDGE MEMORIAL PARK 02/15 ELKRIDGE										
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL BERVICE LICE	HSEE 11 70 D	ADOWNID	22. NAME AN	NO ADDRESS OF FA	CILITY					
BA rs after de removal. removal.	-	23. PART i. Enter the diseases, or co	M. Make	the death Do	4107	WILKENS	AVEN	HE-BAL	TIMORE	MI		
50, within 24 hou npletely filled is cremation, or rent, the me		IMMEDIATE CAUSE (Finel disease or condition	LONGENITAL DUE TO (OR AS A	HEART D	ISEASE	da of dying, acc		nac or reap	atory errest		Approxim Interval B Onset an	Between
OX 68: be execute clan and clor to buria	FICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b						 			
P.O. ath certification of the other other of the other of the other of the other of the other of the other of the other of the other of the other of the other other of the ot	CERTIF	that initiated events resulting in death) LAST										
RECORDS. require the per- of Harman	MEDICAL	PART II. Other algnificant conditions	contributing to deeth bu	it not recuiting l	n the underlying	g cauee given in	Pert i.	24a. WAS AN PERFORI	MED?	CO OF	ERE AUTOPSY F AILABLE PRIOR IMPLETION OF ( OEATH?	CAUSE
VITAL  W. The law filcute has to State Dept	PHYSICIAN:		HOSPITAL: 1 □ Inpatient 2 □ÆR/Outpa	itlent 3 DOA	OTHER:	ACE OF DEATN (Ch						
OF VI PHYSICIAN: This certific with the St rited, or II	PHY	27. MANNER OF DEATN  1) Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			CRIBE NOW IN	JURY OCCUR	ED		-
After death	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY - building, stc. (Specif	Al home, farm, s		rES 2 NO	281. LOC Gity	ATION (Street a	nd Number or I	Rural Rout	Number,	_
M. OR W. DIRE	COMPLET		IAN: To the best of my knowle									_
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	FOR SIGNATURE AND SYTTE OF CONTINUES	On the basis of exemination	anjuror investiganto	n, in my opinion, d	29c. LICENSE NUS	MBER	and place, and	29d. DATE SI	GNEO (Mc	onth, Day, Year)	
日日及業	2	18. NAME AND ADDRESS OF PERSON WHO				et, Bal		ore, N			2120	01
		FEB 17 1993	52. HEGISTHAN'S SIGNAL			-			4	2		

1 - FOR STATE REGISTRAR 93 03780 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (FIRE MICHAE LEST) 2. DATE OF DEATH 3. TIME OF DEATH W. WILSON YEAR 14 1993 9:50 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Morth, Day, Year) May 23, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 213 44 8650 MONTHS DAYS HOURS MIN 1 M 2 F 1944 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4929 Wilbur Ave DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1- YES 2 | NO permit. 10s, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4929 Wilbur Ave. 21205 funeral director, page 5 should be detached for use as the burial-transit USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced ETED 15e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPLE Shipping Clerk Clothing Co. Once. 17. FATHER'S NAME (First, Middle, Last)
Theodore Wilson 18. MOTNER'S NAME (First, Middle, Meiden Sumeme)
Zorada Still 7 BE notified 19a. INFORMANT'S NAME (Type/Print)
NOTTIS WILSON 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2200 Turkey Pt. Rd. Baltimore, MD 21221 2 pe 20a. METHOD OF DISPOSITION
3 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Wesley Chapel Cemetery 2/17/93 4 Donation 5 Other (Specify) Baltimore Co., MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSIDE 22. NAME AND ADDRESS OF FACILITY the attending physician and completely filled in by the funeral Merial Hydren physician and completely filled in by the funeral Horse Hydren physic to burdal, cremation, or removal. Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, MD 21221 the medical 23/PART/. Enter the disesses or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF) 500 event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and OR ATTENDING PHYSICIAN: The law requires that DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and AMILABLE PRIOR TO COMPLETION OF CAUSE any 1 X YES 2 NO OF DEATH? shows f√ YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5X Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 ls 8 Could not be determined COMPLETED 4 Homicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) FUNERAL (
within 72 h
TANT: If it HOSPITAL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATUR AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE OCME **2** 14 1993 2 COMPLETEO CAUSE OF OEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 31. DATE BLED (MONTH, Day, Year) 21201 32. REGISTRAR'S SIGNATURE from when down fonder

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	TMENT OF I	HEALTH AND	MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATI	E OF DEATH	N V	EAR 3.	TIME OF DEA	ATH
		WILLIAM  4. SOCIAL SECURITY NUMBER  5			WEBST	T	0	2 1.	3 9	3	2:08	A.M
Pir		246 40 8689 1	X M 2 □ F 59	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	SEP	of BIRTH 25, 19	33 NC	PIRTHEL PRTH	CAROL	INA
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Pages	III I	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA					10	d. INSIDE CIT	γ
£ .	DIR.	MARYLAND			BALTIMOR	E				17	YES 2	NO
t permit.	RAL	100. STREET AND NUMBER 1011 ANDOVER ROAD			10	f. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?	
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21215-0020 all or attending physician. for use as the burial-transit	ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPAI Hecity Cuban, Maxica is 2 NO Specifi	in, Puerto	N? (Specify Yes Ricen, etc.)	or No.— 14.	Black, W	American Ind White, atc. BLACK	llan,
r aften use as	8	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION 16 mpleted)	Be. DECEDENT'S	USUAL OCCUPATION	ON ost of working	16	b. KIND OF BUS	INESS/INDUS	FRY		
ttal or	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)							
the hospital detached for	COMP	N/A  17. FATHER'S NAME (First, Middle, Last)		GROU	NDS KEEF			BASEBAL		IUM		
YLA by the be de		UNKNOWN				18. MOTHER'S NA		BSTER	Sumeme)			
MARYLAND retained by the hospits 5 should be detached notified at once.	) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	and Number or Rural			7. State. Zio Co.	del		
be rets ge 5 s	2	MISS PEGGIE COLE			ANDOVER			MORE, M			21218	
RA may		20a, METHOD OF DISPOSITION NABurial 2 - Cremation 3 - Remova			OF DISPOSITION (No	ame of	OAT		CATION — City		State BAL	ТО.
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ALTIN death. Pag funeral di	1	21. SIGNATURE DE FUNERAL SERVICE LICEN:	SEE	/	LEWIS	T. GWY		UNERAL	HOME	21	215-63	93
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hours afte of in by th or remov		23. PART i. Enter the diseases, or com ahock, or heart failure. List	t Dnly one cause on each	he death. DD n h iine.	ot enter the mo	de Df dylng, auc	h aa car	diac or reapi	ratory arrest		Approxin	
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certificate ding physic hygiene pri	E C	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	h:						<u> </u>	
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2 5 5 5	Σ							INQU	IRY	1 {	YES 2	NO
The law are has b ate Dept.	¥.	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATN (Ch	eck only o	ne)				
AN: The tificate the State or Item	Sign		IOSPITAL:  ☐ Inpetient 2 XER/Outpetie	ent 3 🗆 DDA	OTHER:	a 5 🗆 Residence	a 🗆 Oth	or (Specify)				
HYSIC his cer with th	PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	28d. DE	SCRIBE NOW IN	JURY OCCUR	ED		
Mer the	B	1 X Natural 5 Pending 2 Accident Investigation				YES 2 NO						
CAR ATTENDING I	9	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, fectory, offic	•	28f. LOC City	ATION (Street a or Town, State)	nd Number or F	tural Flouti	e Number,	
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	- 10	SO. NAME AND ADDRESS OF PERSON WHO CO	V									
		MARIO F.GOLLE JR			Stree	et, Bali	timo	ore, M	aryla	ind	2120	) 1
		31. DATE FILED (Month, Day, Year) FLB 17 1993	32. REGISTRAR'S SIGNATU									
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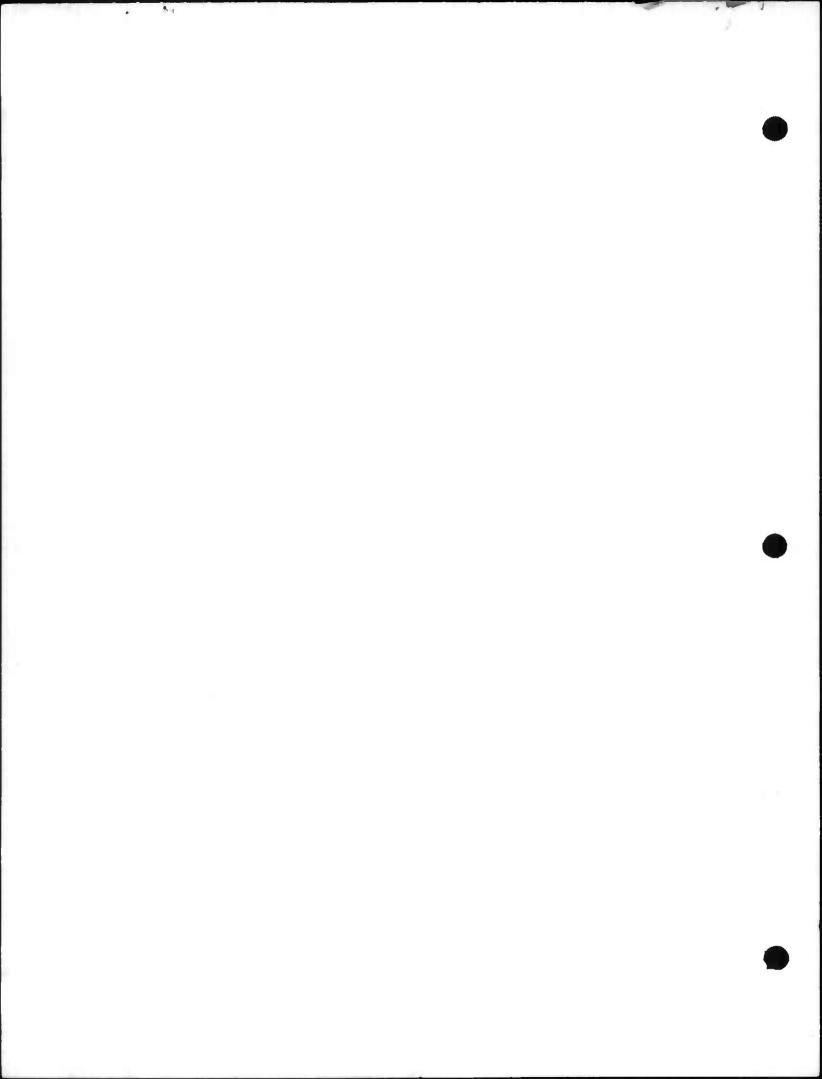
	1. DECEDENT'S NAME (First Middle, L	ast)	CEATIF	ICATE OF		REG. NO.		3. TIME OF DEATH
	JANIČE WAL				1.0	IONTH DA	1993	10:30 P.
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, 1	ATE OF BIRTH	4. B	IRTHPLACE (State or Foreign
	215-14-9097	1 - M 2 15KF 7	O YRS.	MONTHS DAYS		Month, Day, Year) 4 – 4 – 192	_	Maryland
œ	9a. FACILITY NAME (If not institution,	· ·			R LOCATION OF DEATH		9c. COUNTY C	OF DEATH
СТО	2903 Delawar	e Ave.		Bal	timore		Ba	ltimore
DIRE	10e. STATE 10b. CO		100	Y, TOWN OR LOCAT				10d. INSIDE CITY
	Md. B	altimore		Baltimo				1 TES 2 X NO
RAL		- 7			ZIP CODE			OF WHAT COUNTRY?
FUNEF	2903 Delawar	12 WAS DECEDENT EVED	IN U.S. ARMED		21227 ENDENT OF HISPANIC O	RIGIN7 (Specify Vec	U.S.A	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	S 2 NO	If yes, spe	2 NO Specify:		1 4	Black, White, etc.
D BY	3 Widowed 4 Divorced		- A no specify			nite		
ш	15. OECEOENT'S (Specify only highest	EDUCATION grade completed)	(Give kind of s	USUAL OCCUPATIO		166. KIND OF BUS	SINESS/INDUSTF	TY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	,				
ME	12 Vrs 17. FATHER'S NAME (First, Middle, Last	,	Plani	Work	18. MOTHER'S NAME (		rs CO	
E C	Robert Ed			İ	Grace		oumame)	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural Route		n, State, Zip Code	9}
2	Johnny Walke	r			are Ave.			
	20a. METHOD OF DISPOSITION 1 Buriel 2 XXX matter 3		Ob. PLACE AND DATE	OF DISPOSITION (Na			CATION - City of	
- 1	4 Donation 8 Other (Specify)		emetery, crematory or o Green Mo	nint Cr	ematory	2-16-93	Balt	. bM.
31	21. SIGNATURE OF FUNERAL SERVICE	Edison	M. Perl	1 BS . d 1	D ADDRESS OF FACILIT	Y Euros	- 1 11	ne, Inc.
	Edway N	1. Lukeni DOO	083	2134	Willow S	oring R	d.,Bal	ne, inc. Lto.,Md.21
	23. PART I. Enter the diseases, shock, or heart fall	or complications that causure. List only one cause on	ed the death. Do r	not enter the mod	de of dying, such as	cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final		0-011 111101					Internal Between
		107 3	-77	_				
ŀ	disease or condition resulting in death)	· Hep	atre	Como	e.			
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NOI	disease or condition resulting in death)  Sequentially list conditions,	r. can	A CONSEQUENCE OF	Como	anast			
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COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Metural 5 Pending Investigat  3 Suicide 8 Could no determine  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINERAL	BUE TO (OR AS  BUE TO	but not resulting  superior 3 DOA  28b. TIM  NO  TY — At home, farm, 1	26. PL OTHER: 4   Nursing Home E OF 28c. INLI RURY WOI T   You street, factory, office	ACE OF DEATH (Check on STARK?  ES 2 NO 281, and place, and due to the seth occured at the time,	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW IN City or Town, State)	NJURY OCCURE	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  wal Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Astural 5 Pending investigate investigate 3 Suicide 8 Could not determine  29a. CERTIFIER (Check only)	BUE TO (OR AS  BUE TO	but not resulting  superior 3 DOA  28b. TIM  NO  TY — At home, farm, 1	26. PL OTHER: 4   Nursing Home E OF 28c. INLI RURY WOI T   You street, factory, office	ACE OF DEATH (Check on 5 ) Residence 6 URY AT RES 2 NO 281.  and place, and due to the seth occurred at the time, 29c. LICENSE NUMBER 5.	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW IN City or Town, State) e cause(a) and man date and place, and	NJURY OCCUREI and Number or Ru oner se stated. d due to the cau	COMPLETION OF CAUSE OF DEATH?  1 — YES 2 NO  D  ural Route Number,  see(a) and manner as steted.  NED (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Metural 5 Pending Investigat  3 Suicide 8 Could no determine  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINERAL	BUE TO (OR AS  BUE TO	but not resulting  stepstient 3 DOA  28b. TIM  TY — At home, farm, secitly  wiedge, death occurr  ton and/or investigation	in the underlying  26. PL  OTHER: 4   Nursing Home BE OF URRY M   1   Y  street, factory, office and at the time, date on, in my opinion, de	ACE OF DEATH (Check on 5 St. Residence 6 URY AT RRY 28d. and place, and due to the eath occured at the time, 26 St. LICENSE NUMBER 26 St.	I. 24a. WAS AN. PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW IN City or Town, State)  e cause(a) and man date and place, and	NJURY OCCURE	Onset and Des  24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  D  Iral Route Number,  Ise(s) and manner as stated.  NED (Month, Day, Year)  1  3  7  3
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigat 3 Suicide 8 Could not determined to the condition of the condition	BUE TO (OR AS  BUE TO	but not resulting  stepstient 3 DOA  28b. TIM  TY — At home, farm, secitly  wiedge, death occurr  ton and/or investigation	In the underlying  26. PL  OTHER: 4   Nursing Home BE OF 28c. INJU WOO I   Y  street, factory, office and at the time, date on, in my opinion, de	ACE OF DEATH (Check on 5 St. Residence 6 URY AT RRY 28d. and place, and due to the eath occured at the time, 26 St. LICENSE NUMBER 26 St.	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW IN City or Town, State) e cause(a) and man date and place, and	NJURY OCCURE	24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  D  D  D  D  NED (Month, Day, Year)

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STATE C	OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
3 4	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) ANGELA WHITE	_ A.K.A	Angela	N. Gill	2. DATE OF DEATH	14 9°	3. TIME OF DEATH 8:35 p M				
	4. SOCIAL SECURITY NUMBER  213-94-8576  90. FACILITY NAME (If not institution, give sit	1 □ M 2 🔯 F 25	YRS.	F UNDER 1 YEAR F UNDER 24 HRE ONTHS DAYS HOURS MIN	(Month, Day, Year) 12 24	67 Ma					
OR	THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE CIT		BALTIN					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	7:		10d. INSIDE CITY LIMITS?							
	Maryland 10e, STREET AND NUMBER	3	Ba1	timore 101, ZIP CODE		40-017175	12 YES 2 NO				
FUNERAL	1500 W. Lanval		56	21217			SA				
В	11. MARITAL STATUS 1. Never Married 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	25E NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma: 1  YES 2 NO Specific Company No. 1	ican, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEOENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF 8	USINESS/INDUS	TRY				
COM	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malde	,					
BE	Alvin Gill  190. INFORMANT'S NAME (Type/Print)		195 MAILING A	Dorot  Doness (Street and Number or Rui	ny Jackso						
٥,	Alvin Gill			W. Lanvale	Street BA	ltimo	re, Md '				
-	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	rval from State ceme	etery, crematory or other	DISPOSITION (Name of Cemetery	2/18/9B20c.1	ocation — chy	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICE		<u>. 21011</u>	22. NAME AND ADDRESS OF	FACILITY 63	8 N. C	Gilmor St.				
	Leroy Harris F/H Baltimore, Md 21217  23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CEREBRAL HEMORRHMEE  48°										
CERTIFICATION	Due to (or as a consequence of):    Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST    Due to (or as a consequence of):										
AL CE	PART II. Other significent conditions	contributing to death be	ut not reaulting in	the underlying cause given	in Part i. 24a. WAS A	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICA					PERFO t YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH	Check only one)						
HYS	1 O YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Outpe	28b. TIME	□ Nursing Home 5 □ Rasident  OF 28c. INJURY AT	e 8 Other (Specify)  28d. OEŞCRIBE HOW	INJURY OCCUR	EO				
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY	- At home, farm, str	WORK?  M 1 YES 2 NO	281. LOCATION (Stree						
ETEC	4 Homicide determined	building, etc. (Speci	(fy)		City or Town, Stat						
COMPLETED				st the time, data and place, and d in my opinion, death occured at t			nuse(s) and manner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	tom		29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year) 4/43				
-	30. NAME AND ADDRESS OF PERSON WHO ALISON	D. BUT	TECTER	TOHNS H	topkins He	SPITA	- PACT. MD				
	FEB 17 1993	32. REGISTRAR'S SIGNA	ndell								
							DHMH-16 Rev 1/89				



BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

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	Ē	B #	28	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR	STATE OF I	MARYLAND .	/ DEDAG	TAREA	IT OF I	IF ALTO	AND					00.0.
	1 - STATE REGISTRAR	SIMIE UF I	C	ERTIF	ICAT	E OF	DEA	ANU I	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEATN
1	Margaret F.	Walter							2-1	4-93	MY	YEAR	10 A. M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)		ER 1 YEAR		24 HRS.	7. DATE	OF BIRTH		S. BIRTN	PLACE (State or Foreign
	215-01-8786	1 🗌 M 2 🖾 F	99	YRS.	MONTHS	DAYS	HOURS	MIN.		1, Day, Year)	3	Country	n ltimore,MD.
	9e. FACILITY NAME (If not institution, give s	street and number)				ry, TOWN	OR LOCATI	ON OF DI		.5 10)		JNTY OF DI	EATH
DIRECTOR	Meridian Cromwe	11 Nursi	ng Home								Ba	altim	ore
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT				V 70000	OR LOCA							
E		ltimore		ive. Cri	i, iowie								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ercrimore					timor				10000000		1 YES 2 NO
FUNERAL	8710 Emge Roa	a				10					10g. CIT	IZEN OF W	HAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDEN	IT EVED IN II C AI	PMED	- 10	W# C DEC		234		? (Specify Ye	U.	S.A.	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 V	NO	1 1	If yes, sp	ecity Cube	ın, Maxica	in, Puerto I	(Specify Ye Rican, atc.)	a or No-	14. RACE Black	— American Indian, , White, atc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF 1ES, GIVE V	STAU HU HA			1   YES	2 🙀 NO	Specify	y:			Specif	<sub>y:</sub> White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COmpleted	16a, Di	ECEDENT'S	USUAL	OCCUPATION	ON		16b.	KIND OF BU	SINESS/INI	-	milec
E	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of e. Do NOT u	se retired.	auring mo	ost of working	פר					
MP	6th GRade			SEams	tres	SS			Н	ouse o	of Wo	rste	rtex
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	NER'S NA		Alddle, Maiden			
BE	John Kircher						F	Ranc	es	Grebi			
6	19a. INFORMANT'S NAME (Type/Print)		19							er, City or Tow			
	Marjorie F. Imbac	h		4410 Springwood Avenue Baltimore, Md. – 21206  PLACE AND DATE   20c. LOCATION — City of Town, State									
	1 D Buriei 2 Cremetion 3 Rem	oval from State	cemetery, cre	ematory or o	ther plece	al l			DATI			City or Tov	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF		Gard	ens	of F	aith	Cem	2-1	7 Ba.			
	N -1	1	,										lair Road
	Nathleen	m. Mu	mohn										re,Md2120
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dy shock, or heart fallure. List only one cause on eschaline.								h ss card	rest,	Approximats		
	IMMEDIATE CAUSE (Final	1	0 -										interval Between Onset and Death
	disease or condition resulting in death)	urre	riscle	Mile	e C	NTA	ery	art	lery	des	eace	,	
		DUE TO	(OR AS A CONSE	OUENCE O	F):		/		1				
ERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSE	OHENCE OF	n.								
X	if any, leading to immediate cause. Enter UNDERLYING		(on no n conce	OULIVEE OF	,,								
트	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):								·
ᇤ	resulting in desth) LAST	d.											
O	PART II Other elgolfteest condition												
MEDICAL	PART II. Other significant condition	e contributing to	death but not i	raaulting	in the u	nderlying	g cause g	ivan in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									- 1	1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
X				···					_ [				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
S	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one	9)			
1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)													
	1 Natural 5 Pending	(Month, D.		INJ	URY	_	RK?	1 00	28d. DEŞ	CRIBE NOW I	NJURY OC	CURED	
2 Accident Investigation 2 Accident 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Bural Multiding and County of the Street and Number or Bural Street and Number									e or Dunal D	and March and			
JE	4 Homicide 6 Could not be	building,	atc. (Specify)			nory, orner			City o	r Town, Stete)	ind Number	OF HUNBI HO	oute Number,
LET	29a. CERTIFIER 1 CERTIFYING PAYER	MAN: To the heat of	mu knowledne de								-		
COMPL	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of as	my knowledge, de tamination end/or	Investigation	n, in my	opinion 4	end place,	end due	to the cau	end place	mer as atat	led.	and management of
	29b. SIGNATURE AND TITLE OF CERTIFIER				, ///					and prove, an			
BE	marin C. Kin	n leut					No.	NSE NUM	a 2				Month, Day, Year) 5-93
2	30. NAME AND ADDRESS OF PERSON WAY	COMPLETED CAUS	E OF BEATH (ITE	14 670 67	010		U	010	00	_		of -/.	117

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 1 7 1993

DHMH-16 Rev 1/89

21234

BALTIMORE, MARYLAND 21215-0020	TASTOCK THE INVESTIGATE BY THE OFFICE OF THE OFFICE OF THE OFFICE	a market mean signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	, or removal.	s medical examiner must be notified at once.
DIVISION OF WEAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN, THE WAY maying that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR. After the chartering are been signed by the attending physician and completely fill	be filed within 72 hours after death with the Sam Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, of them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

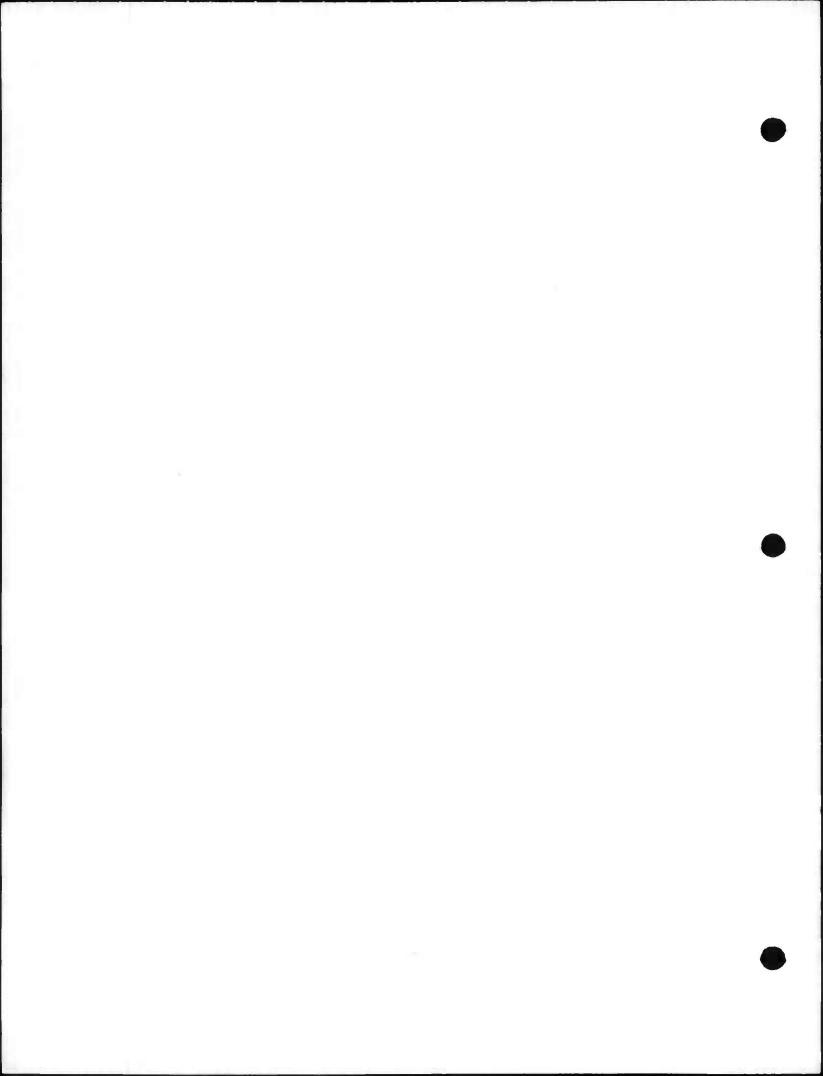
	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH	YEA				
	4. SOCIAL SECURITY NUMBER 5		n yrs. last birthday)	UNDER 1 YEAR   IF UNDER 24 I	IRS. 7. DATE	OF BIRTH		3 S AM			
	218-22-2447	□ M 2 XF 6	- MC		IIN. (Mor	th, Day Year) 2		P A			
~	9a. FACILITY NAME (If not institution, give stree	•		CITY, TOWN OR LOCATION		-	9c. COUNTY	OF DEATH			
6	RESIDENCE OF DECEDENT	HAEL NSG	thei ar	BACT	IMO R	20					
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMOR		OWN OR LOCATION	RANDA	LLSTOWN		10d. INSIDE CITY LIMITS?			
	MD BF  100. STREET AND NUMBER	TCTIMOR	10f. ZIP CODE					1 ☐ YES 2 XXIO  OF WHAT COUNTRY?			
FUNERAL	370% TRENT	RD.		2113	33		υ	SA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, N 1  YES 2 NO	IISPANIC ORIG fexican, Puerto Specify:	N? (Specify Yea o Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:			
	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16	b. KIND OF BUSI	NESS/INDUSTI				
9		College (1-4 or 6+)	Itte. Do NOT use n	G. NURSE	. "	MEDI	CAL				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	LOUIS BERM				Middie, Malden S	urname) ROSE	SUGAR			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street and Number or	Rural Route Nui	nber, City or Town,	State, Zip Cod	1 22			
-	ANSA BREWI			07 TRENT RD.				or Town, State			
	1 Donation 6 Other (Specify)	of c	emetary, MIKRO	ot KODESH BETH	ISRAÉ	L2-14-9	3 BALT	IMORE, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Leun	90n	22. NAME AND ADDRESSY 6010 REIST				MD 21215			
	23. PART I. Enter the diseases, or con			anter the mode of dying	, auch aa ca	rdiac or reapin	atory arrest,				
	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Courseling of the Augustian of the courseling										
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
S	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
EH	resulting in death) LAST										
	PART II. Other alghificant conditions	contributing to death b	ut not reaulting in	the underlying ceuse give	en in Part i.	24s. WAS AN A		24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	Alghemen					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M								1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF GEAT	TH (Check only	one)					
IYSI		☐ Inpatient 2 ☐ ER/Outp	etlent 3 DOA 4	THER:							
ВУ РН	Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME'( INJUR			EŞCRIBE HOW IN	JURY OCCURE	ED			
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, etre	et, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	control of the	_		at the time, data and piece, ar				use(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	sola.		29c. LICENS	E NUMBER	,	29d. DATE SIG	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO				74 /						
	DR HAROLD BOB  31. DATE EILEO (Month, Dey, Year)	32. REGISTRAR'S SIGN	SETON E	R BALTI	MORE	mi	3 31	212			
	FEB 17 1993 7	32. REGISTRAR'S SIGN	ander.								

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

			1. DECEDENT'S NAME (First, Middle, Last,									-	
215-0020 attending physician. see as the burial-transit permit. Pages 1, 2, 3 should		Ŋ,	MARGARET A WOH	/20220	SARET	A. V	WOHL)			2. DATE OF DEATH DATE OF DEATH	WY	YEAR	3. TIME OF DEATH
	ļ		4. SOCIAL SECURITY NUMBER		NGE (In yrs. las		F UNDER 1 YE	EAR IF	INDER 24 HRS.	7. DATE OF BIRTH	1	93 (	LACE (State or Foreign
	_	9	232-32-6741	1 🗆 M 2 🖳 F	C7				MS MIN.	(Mente Ban Year) 7	, 19	5 Country)	IRGINIA
	phous		9a. FACILITY NAME (If not institution, give	street and number)		- 1	96. CITY, TO	WN OR LO	CATION OF DE	EATH	9c. COUN	TY OF OE	
		DIRECTOR	THE UNION MEMO	RIAT.HOSPITA	L		BALT	TIMOF	E CITY	7			
	<del>-</del> -		PESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION										IOd. INSIDE CITY
	Pag.	DIR	MARYLAND				ALTIM						
	sit permit	FUNERAL (	100. STREET AND NUMBER 3000 BRENDAN AV	E.		10f. Zii			OH. ZIP CODE 21213			1 MXES 2 □ NO  10g. CITIZEN OF WHAT COUNTRY?  USA	
	al-tran		11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS	DECENDE	NT OF HISPAN	OF HISPANIC ORIGIN? (Specify Yes or No-			- American Indian,
	par l		1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1				YES 2	Puben, Mexica	n, Puerto Rican, etc.)		Black, Specify:	White, etc.
	as th	D BY	0										WHITE
121	. >	TED	15. DECEDENT'S ED (Specify only highest grad	e completed)	(G	CEDENT'S US to kind of wor Do NOT use i	rk done durin	PATION og most of i	vorking	16b. KIND OF BUS	SINESS/IND	USTRY	
0 2	og pe	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		HOUSEV				AT HOME			
Certificate be executed within 24 hours after death. Page 6 may be retained by to the objection and completely filled in by the financial director page 5 chould be	8 8 B	СОМР	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				16. MOTHER'S NAME (First, Middle, A UNKNOWN			ialden Surname)			
		BE	19a, INFORMANT'S NAME (Type/Print)		191	. MAILING A	DORESS (St	reet and Number or Rural Route Number, City or Town, State, Zip Code)					
	e 5 s	5	MRS SELMA BAR	NSTEIN	7237	7-D P	PARK HTS AVE BALTO., MD 21215						
	e funeral director, page il. examiner must be		20a. METHOD OF PISPOSITION 1 - Journal 2 - Cromation 3 - Ren	noval from State	20b. PLACE A	AND DATE OF		N (Name of		DATE 20c. LO	CATION —	City or Town	n, State
	direct		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L			NMOUN'	r CRE				ALTIM	ORE,	MD
	neral		21. Subjective or remember approve to	CENSEE	P				FVTNS	ON & BROS.	TNC.		
			Lock	NO	Su	ŝo	601	O RE	STERS	TOWN RD. B	OT.TA	,MD	21215
	tion, or re		23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Supply Due to (OR /	on each lihe			mode o	dying, suci	h as cardiac or respi	ratory arm	est,	Approximate Interval Between Onset and Deat
	ending physician and Il Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Metasta DUE TO 1091		CINCLY DUENCE OF):	(pr	imar	U	vrian ov er	rdome	trial	)
JS, P	the atte Mental	2	PART II. Other significant condition	na contributing to deat	th but not r	esulting in	the under	ivino cau	se given in	Part I. 24s. WAS AN	ALITOPSY	24h W	YERE AUTOPSY FINDINGS
RECORD requires that the	of Healt	: MEDICAL								PERFOR	4	C	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A L	e Dept.	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE	OF DEATH (Ch	eck only one)			
N E	the State E	Sic	EXAMINER?	HOSPITAL:	Outpatient 3		THER:			6 Other (Specify)			
PHYSICI	ter this cert ath with the marked, o	ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		28b. TIME (	OF 28c	WORK?	AT .		28d. DESCRIBE HOW INJURY OCCURED		
NOISING		E	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, stc. (	Specify)	At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Roc City or Yown, State)						ite Number,	
	VAL DIR 72 hours If Hem	COMPLET		RCIAN: To the best of my k									
THE HOSPITAL	FUNERAL within 72 ITANT: If	8		ER: On the basis of examin	lation and/or i	rivestigation,	In my opink	on, death o	ccured at the	time, data and place, an	d due to the	e cause(a) a	ind manner as stated.
70 THE	世紀の	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  AND ASTRONOMY	NO				29c.	LICENSE NUM	IBER	≥ 2	SIGNED (A	Month, Day, Year)
			VERLYN WARRINGTON	MD : UNION	MEMOR!	A 27) (Type, Pr		E. 11	UNFORT	Y AKWY BAC	ПМЛО	E MI	\ alalk
			31. DATE SILED (Month, Day, Year) FEB 17 1993	32. REGISTRAR'S S	BIGNATURE	<b>1</b>	,	- N	may!	11111			Z IVAID.
					-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	ser commiss been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the complete of the strength and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN IN averaguires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this per four his been signed by the attending physician and completely filled in by the filed within 72 hours after death within 18 to the filed within 72 hours after death within 18 to the filed within 19 hours after death within 18 to the filed within 19 hours after death within 18 to the filed within 19 hours after death within 19 to the filed within 19 hours after death within 19 to the filed within 19 hours after death 19 hours after death 19 hours af	IMPORTANT: If item 28 is marked, or with 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Lest) Agnes F. Zielinski 2. Date of Death MONTH DAY TO YEAR													
1	Agnes	F.	Zielinski							2 13 1993			12:40 Am	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les				IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 9 24 1917		8. BIRTHPLACE (State or Foreign Country) Lykens, PA		
	215-01-133					YRS. MONTHS DA		2010017			17			
œ	se. FACILITY NAME (If not institution, give street and number)  Lorien Nursing Center Rivers					9b. CITY, TOWN OR LOCATION OF DEATH  Belcamp  Harf								
16	RESIDENCE OF DECEDENT					De	ETC	unip.			па.	LIOI	.a	
DIRECTOR	Maryland Baltimore											10d. INSIDE CITY LIMITS?		
	Maryland  100. STREET AND NUMBER	Dundalk						1 TES 2 AND						
FUNERAL	Dunmarry				r. ZIP COD					WHAT COUNTRY?				
ᇂ	11. MARITAL STATUS	RMED 13. WAS DE								States				
	1 Never Married 2		FORCES? 1	YES 2	NO		If yes, so	ecify Cubi	m. Mexican	, Puerto Rican, etc.)	0.110-		14. RACE — American Indian, Black, White, atc. Specify:	
BĄ	3 12 Widowed 4 Divorced											White		
TED	(Specify only	EDENT'S EDU y highest grad	CATION completed)	18a. DE	CEDENT'S	EDENT'S USUAL OCCUPATION ISD. KIND OF BUSING IN NOT use retired.)  ISD. KIND OF BUSING OF NOT USE PRIESD.						NESS/INDUSTRY		
"	Elementary/Secondary (0	1-12)	College (1-4 or 5	•)	Waitress					Restuarant				
COMPLET	17. FATHER'S NAME (First, M	licidie, Lest)			max		,,,	18. MOTNER'S NAME (First, Middle, Meld						
BE C	Andrew	Ma	ajka							erine		Marc	sak	
0 8	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
٦	Thomas A. Zielinski Jr.   Monroe Rd.1907 Baltimore, Md. 21222													
	20a, METHOD OF DISPOSITION  18 Rurlel 2 Cremetten 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetry or other place)  20c. LOCATION — City or Town, State  2/15 Baltimore, Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  W. Dabrowski/Chojnacki F. H. P. A.													
	Man	h	1. Vo	wack	e.					Ave. Ba				
	23. PART i. Egter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,													
	IMMEDIATE CAUSE (Fine) Onset and Dasth													
	disease or condition resulting in death) . Curdupulous are													
_	- Serges 20 to huntere 7 like													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE to (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYI CAUSE (Disesse or inju		E	DUE TO HOR ASI A CONSEQUENCE OF:						1				
	that initiated events resulting in death) LAS	т	DUE 10	(BH AS A CONSEC	SUENCE O	P):								
	PART II. Other significant conditions contributing to death but not resulting in the opderlying cause given in Part I. 24s. WAS AN AUTOPSY ENDINGS													
MEDICAL	PART II. Other significs	nt condition	contributing to	death but not r	esulting	in the	pderlyin	g cause	given in P	Part I. 24s. WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă			mm	10	un	al	pa	Ul	no	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
	1   YES 2   NO													
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)													
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	Ŕ:			Other (Specify)				
并	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b, TIM	-	28c. INJ	JURY AT		28d. DESCRIBE HOW II	NJURY OC	CURED		
ВУ		Pending Investigation	(111011111)	ay, roury		M		YES 2	□ NO					
		Could not be	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm,	street, fac	tory, offic			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural A	Route Number,	
E	4 Trumena osterminad													
COMPLETED	(Check any TVC CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner as stated.													
	2 ARDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.  290. SIGNATURE and TITLE OF CENTIFIER  290. SIGNATURE and TITLE OF CENTIFIER  290. SIGNATURE AND THE SIGNA													
296. LICENSE NUMBER  O2 P3 35									35	29d. DAT	E SIGNED	(Month) Day, Year)		
2	30. NAME AND ADDRESS OF	PERSON WI	IO-COMPLETEO CAUS	SE OF OEATH (ITE	M 27) (Type	. Print)		V	66 1			, ,	178	
		riele	ech MD.	10	1 E	. Wh	eel	. Rd	. Be	elair, M	d.			
	31. DITETUED (Month, Day.	Mean)	32. REGISTRA	R'S SIGNATURE			· .				-			
	11 1	733	1 mount	son-Nonda	DZ									

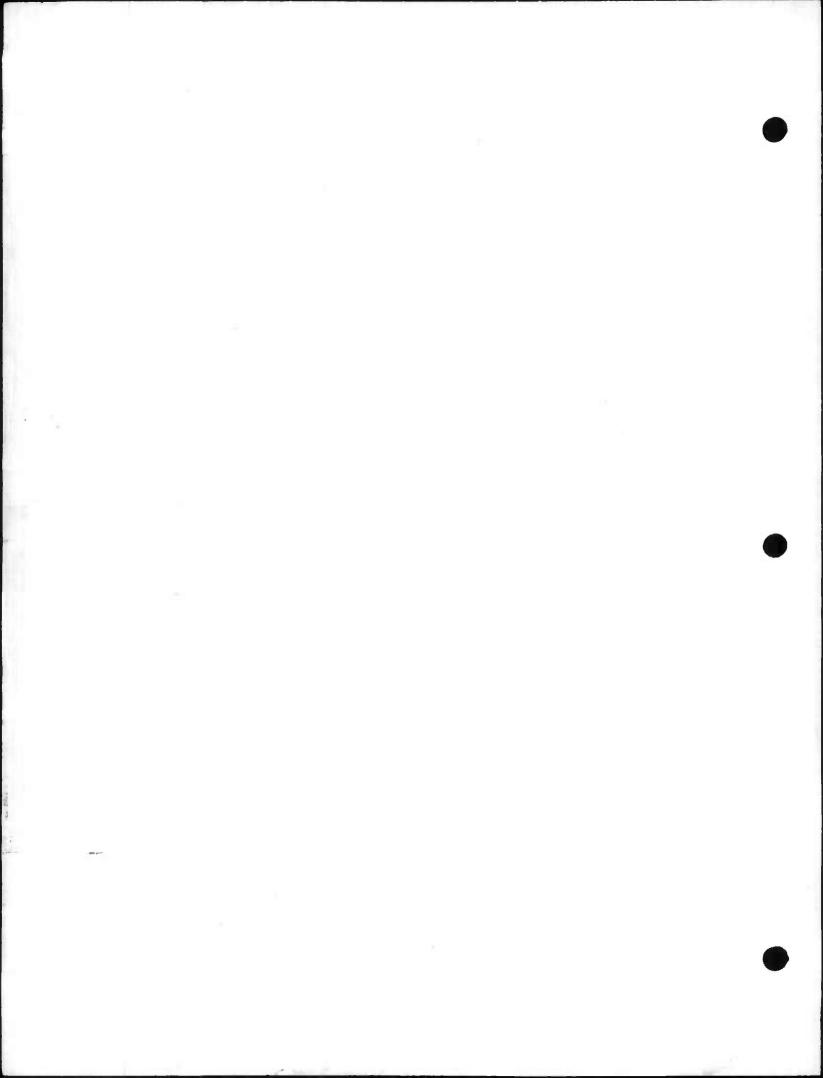
Which make the P. Co.

DIVISION OF VITAL RECOBOS, P.O. BOX 68760,

FOR STATE REGISTRAR

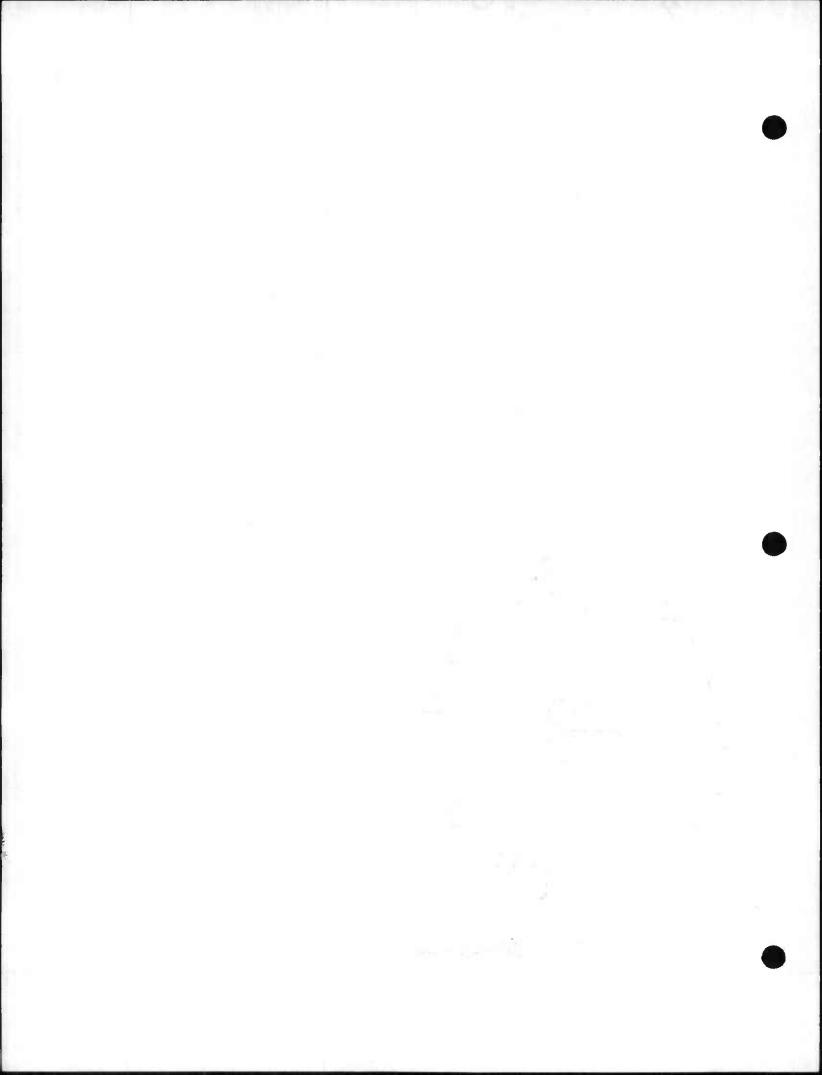
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												3. TIME OF DEATH	
	THOMAS					12:54 P W								
	4. SOCIAL SECURITY NUMB	ER	R 5. SEX 6.				1 YEAR	IF UNDER 24 HRS.	7. DA	7. DATE OF BIRTH 8. BIRT		8. BIRTI	IPLACE (State or Foreign	
- 1	167-09-5893	A	1.₩ M 2 🗆 F	□ <b>F</b> 91		MONTHS	DAYS	HOURS MIN.	Ju	July 9, 1		West	t Virginia	
- 1	9a. FACILITY NAME (If not in	stitution, give st	treet and number)		91		, TOWN	OR LOCATION OF E				INTY OF D	NTY OF DEATH	
DIRECTOR	SHADY GROVE	TIST HOS	PITAL	AL J			VILLE			M	ONTG	OMERY		
E I	10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	R LOCAT	TION					10d. INSIDE CITY LIMITS?	
	Maryland	Mon	ntgomery		Rockville								1 2 YES 2 NO	
A	10e. STREET AND NUMBER			WHAT COUNTRY?										
띨	90 Monroe	Street			2085			0		ited	States			
FUNERAL	11. MARITAL STATUS	e Teath of t			YER IN U.S. ARMED 13. WAS DECENDENT OF HISPA YES 2 NO If yes, specify Cuban, Mark						E — American Indian, k, White, etc.			
<u></u>	1 Never Married 2 3 Wildowed 4 Divo			MAR OR DATES						to ricell, etc.;	White			
	15. DEC	EDENT'S EDUC	CATION	16a DE	CEDENT'S	IISHAL O	CCUBATI	N .	1.	16b. KIND OF BUS	MESS (IN)	0110222	wiit ce	
	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5	(G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.)					100. KIND OF BUS	DUSTRY			
COMPLETED	12	12,	Conege (1-4 of 3		les					Rea:	l Es	tate		
S	17. FATHER'S NAME (First, MI	iddle, Last)						18. MOTHER'S N	AME (Firs	st, Middle, Maiden	Sumama)			
ш	Albert C.	Arthur						Dess	i He	rring				
0 B	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRESS	Street e	nd Number or Rura	Route N	umber, City or Town	n, State, Zi	p Code)		
٦	Ival G. Ar	thur			90 Mc	onroe	St:	reet, Ro	ckv:	ille, Ma	aryla	and	20850	
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Ne	me of	}			City or To		
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		ENOSE.	Broad	Rún		_			Wes	ton,	West	st Virginia	
	21. SIGNATURE OF PUNERAL	L SERVICE LIG	ENSEE		00100	RC RC	ber	A. Pun	iphr	ey Fune:	ral I	Home,	Rockville, Inc.	
	Karlin	150	and		00198		Roc	cville,	Mar	yland :	20850	0-280	os Inc.	
	23. PART I. Enter the di ahock, or he	seeses, or c	complications the	it caused the de	eth. Do	not enter	the mo	de of dylng, su	ch aa c	ardiec or respi	ratory ar	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin	111									Onset and Death			
ļ	disease or condition resulting in death)	neumoni								2 weeks				
			DUE TO (OR AS A CONSEDUENCE OF):  Stroke 2 weeks											
S	Sequentially list conditi	Stroke	COKE AS A CONSEDUENCE OF:						, '					
¥	if any, leading to immed cause. Enter UNDERLYI	cause. Enter UNDERLYING					Se			-			Years	
윤	CAUSE (Disease or inju- that initiated events	ry S	Alzheimer's Disease Ye										Icuis	
CERTIFICATION	resulting in death) LAS	т (	A P	rterios	clero	otic	Hear	rt Disea	se			Years		
	PART if. Other significa	nt condition												
<b>§</b>	TAIT II. Other alginites	the conditions	s contributing to	death but not i	esuiting	in the un	ideriying	g cause given ii	n Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDICAL										1 TYES 2	K NO		OF DEATH?	
Σ									_	1			1   YE\$ 2   NO	
¥	25. WAS CASE REFERRED TO	MEDICAL					26 Pt	ACE DF OEATH (C	heck only	( one)				
PHYSICIAN:	EXAMINER?  1 YES 2 X NO		HOSPITAL:	FR/Outpetient 3	□ DOA	OTHER	₹:	e 5 Residence						
¥	27. MANNER OF OEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	Y	DESCRIBE HOW II	NJURY OC	CURED		
ВУР	The state of the s	Pending Investigation	(Month, E	Pay, Year)	INJURY WORK?  M 1 YES 2 NO									
	2 Suiste	Could not be	28e. PLACE C	F INJURY Al he	me, ferm,	street, fect	ory, offic	•	281. LOCATION (Street and Number or Rural Route Number,					
4 Homicide determined									City or Town, State)					
٦ ا	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	ed at the t	lma, date	and place, and du	e to the	cause(a) end man	ner as sta	nted.		
29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner one)													s) and manner as stated.	
											(Month, Day, Year)			
MINITED AND MINITED NAME OF THE PROPERTY 2									ARY 3, 1993					
2	30. NAME AND ADDRESS OF	FERSON WHO	COMPLETEO CAU	SE OF DEATH (TE	М 27) (Туре	. Print)								
	FRAUKE WEST			9 VEIRS	MIL	L ROA	AD,	ROCKVILI	E.,	MARYLAN	D	2085	1	
	31. DATE FILED (Month, Day,	<b>'9</b> 3	32. REGISTRA	AR'S SIGNATURE										
[	LED 07	33	Juna	Savidson A	MUSEUR									



THE HOSPITAL OR ATTENDING PRESIDIAN The EW INQUIRES THE THE CHART CERTIFICATE DE EXECUTED WITHIN 24 P.	THE FUNERAL DIRECTOR: After this transfer has been signed by the attendant physician and completely fille	prior to hurlal premation
pertifica	A DA	duning
death	e attend	Sental H
hat the	d by th	and the
Saynt	signer.	Stautth.
H A	as beer	land of
AL IN	Ì	State 7
SO	Į	with the
DING #	After 1	death
R ATTEN	RECTOR:	ire affer
TAL OF	RAL DI	20 hos
HOSP	FUNE	1 within
王	光	3

	1 - STATE REGISTRAR	J VI MIN			OF HEALTH AND OF DEATH	REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH
	SEAN  4. SOCIAL SECURITY NUMBER		UGLAS  AGE (In yrs. lest bir	thday) IF UNDER 1	AWKARD YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		93 9:37
	4. JOURE SECONATI NUMBER	1 M 2 □ F	- 0		DAYS HOURS MIN.	(Month, Dev. Year)		e. BIRTHPLACE (State or Foreign Country) Maryland
	9s. FACILITY NAME (If not institution, give st			77.5	OWN OR LOCATION OF I			Maryland TY OF DEATH
5	RT. 32 AT RT. 1	08			arksville			ARD COUNTY
DIRECTOR	10a. STATE 10b. COUNTY	Y	1	Oc. CITY, TOWN OR	LOCATION			10d. INSIDE CITY
5	Maryland Howa	ard		Colum	mbia			LIMITS? 1 TYPES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
<u> </u>	6636 Cedar	Lane,			21044		U.	S.A.
FUNERAL	11. MARITAL STATUS  1 Nover Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 27 NO		AS DECENDENT OF HISP/ yes, specify Cuban, Mexic	ANIC ORIGIN? (Specify	Yes or No 1	14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 NO Spec			Specify:
	15. DECEDENT'S EDUC		16e, DECED	DENT'S USUAL OCC	UPATION	16h KIND OF I	BUSINESS/INDU	Black
	(Specify only highest grade Elementary/Secondary (0-12)		(Give I		ring most of worlding	IOA KIND OF I	JOSHILOS/INDU	· · · · · · · · · · · · · · · · · · ·
4	12 Grade		Tow	Truck	Driver	Nor	ne	
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meid		
w I	Hugh D. A	wkard			Bren	da Ev	ans	
9		(Father)	19b, M	AILING ADDRESS	Street and Number or Rura			Code)
-	Mr Hugh D. Awka	ard	66	36 Ced	ar Lane,	Columbia	a, Md	#21044
	20g. METHOD OF DISPOSITION 1 2-Surial 2 Cremation 3 Remo	oval from State	20b. PLACE AND	DATE OF DISPOSIT	ION (Name of	OATE 20c.		ity or Town, Stats
-	4 Donation 5 Other (Specify)		Locust		h Cemeter			a, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Λ	22 N	nowden Fu	ineral Ho	ome P/	'A 20850
	Decrept +	11/ma	well	2	46 N. Was	hington	St, F	Rockville,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	R AS A CONSEQUE					
4	PART II. Other eignificant condition	d.	eath but not reau	ilting in the und	erlying cause given in	n Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDS
: MEDICA							PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2  NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-		26. PLACE OF DEATH (C	thack only one)		
ျှင	EXAMINER? XX YES 2 \( \square\) NO	HOSPITAL:	R/Outpatient 3	DOA 4 Number	ng Home 5 🗆 Residence	X XOther (Specific)	RT.32	AT RT.108
	27. MANNER OF DEATH	28s DATE OF IN	IURY 2	8b. TIME OF 2	8c. INJURY AT	28d. DESCRIBE HO		
BY	1 Netural 5 Pending 2 Accident investigation	2-2-19	93	30 PM.	WORK? 1 ☐ YES 2 🔀 NO	DRIVER	IN AU	TO FIXED OF
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I			y, office	City or Town, Sta	réo)	or Rural Route Number, IN
8				ROAD				. 108
ETED	29s. CERTIFIER							
OMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE		nination and/or inve	stigation, in my op	nion, death occured at th		4110 000 TO 1110	cause(s) and manner as state
COMPL	(Check only	R: On the besis of exam	nination and/or inve	atigation, in my op	29c. LICENSE NU			SIGNED (Month, Day, Year)
BE COMPL	(Check only 2X MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the besis of exam	ute mo			JMBER	29d. DATE	
BE COMPL	(Check only 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	R: On the besis of exam	ute mo		29c. LICENSE NU	JMBER	29d. DATE	SIGNED (Month, Day, Year)
TO BE COMPLETED	(Check only one) 2X MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHI	R: On the bests of exam	of DEATH (ITEM 2:	T) (Type, Print)	29c. LICENSE NU	имвен М. Е.	29d. DATE ▶ 2-	SIGNED (Morith, Day, Year) - 3 - 1993
BE COMPL	(Check only 2X MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the besis of exam	of DEATH (ITEM 2	n (Type, Print) Penn S	29c. LICENSE NU	имвен М. Е.	29d. DATE ▶ 2-	SIGNED (Morith, Day, Year) - 3 - 1993



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS,

Suresh Kumar Gupta,

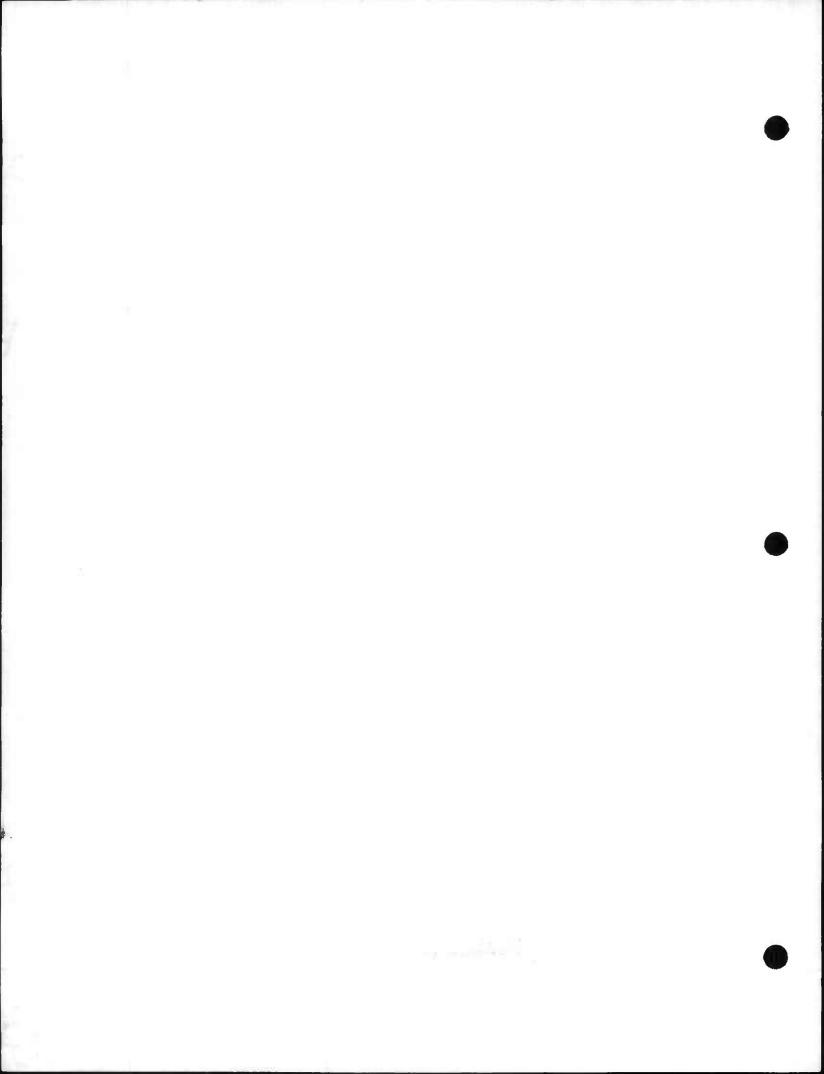
31. DATE FILED (Month, Day, Year)

Μ. D.

32 REGISTRAR'S SIGNATURE

1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICATE (	OF DEATH	REG. NO	).	
	, and the state of	Vee	Avallo	ne		February	<b>4</b> , 199	3. TIME OF DEATH 2:15 P
	4. SOCIAL SECURITY NUMBER 147-24-1645	5. SEX 6. AG	E (In yrs. lest birthd	MONTHS DA	EAR IF UNDER 24 HRS.  NYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		62 YR		WN OR LOCATION OF D	April 27,		New Jersey
O.	Manor Care Nurs				aton		17.	gomery
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c.	CITY, TOWN OR L	OCATION			10d. INSIDE CITY
	Maryland Mont	gomery		Silver S	Spring			1 YES 2 X NO
RAL	104. STREET AND NUMBER 3944 Bel Pre Ro	- d			101. ZIP CODE	0000		N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13, WAS		0906 INIC ORIGIN? (Specify Yo		ted States
B≺	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 VE		If yo	s, specify Cuban, Mexic YES 2 X NO Speci	an, Puerto Rican, etc.)		Specify: White
ED	15. DECEDENT'S EDI (Specify only highest grad		(Give kind	T'S USUAL OCCU of work done durin T use retired.)	PATION ig most of working	16b. KIND OF BU	JSINESS/INDUS	
PE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Person		Reta	il	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meide	_	
BE	H. Arthur Irwin		200			Davis		
TO BE	Jeanne Marie Aval	lone-Simerl	- 1			Chantilly		•
DO TENE	20a, METHOD OF DISPOSITION 1 Burlel 2 Cycremation 3 Ran		20b. PLACE AND DA	TE OF DISPOSITIO	N (Name of	OATE 20c. L		y or Town, State
	4 Donation 5 Other (Specify)		Suburba	n Crema	tory	2-2 Si	Lver Sp	ring, Maryla
0	▶ Ellen	N. Ra	Rp	**Ra	pp Funeral 3 Gist Ave	Services, enue, Silve	, P. A. er Spri	ng, MD 20910
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause on	sed the death. D	o not enter the	mode of dying, su	ch as cardiac or res	olratory arrea	t, Approximata
	iMMEDIATE CAUSE (Final disease or condition	Cardiopul	monary /	rreet				Onset and De
and and and and and and and and and and	resulting in desth)		S A CONSEQUENCE					Sudden
	Sequentially list conditions,	⊾ Uremia	S A CONSEQUENCE	OD.			_	Months
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. Metastati		•				Months
TE	that initiated events resulting in death) LAST		S A CONSEQUENCE	OF):				
CER		₄ Renal Car						Months
SICAL CE	PART II. Other significant condition Chronic Obstruction				iying cause given ir		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI
MEDICAL	Colon Carcinoma		dry broc			1 _ YES	2 XNO	OF DEATH?
						_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF OEATH (C			
HYS	1 YES 2 X NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	Y 28h.	TIME OF 28c	Home 5 Residence	6 ☐ Other (Specify)  28d. OEŞCRIBE HOW	INJURY OCCUP	RED
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	"	M 1	WORK?			
2 0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, far pecify)	m, street, factory,	office	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
	29a. CERTIFIER 1 V CERTIFYING PHYS	ICIAN: To the best of my kn	owiedge, death occ	urred at the time,	date end place, end du	e to the cause(e) end me	enner as stated.	
	(Check only P							
4 F								cause(e) end manner as stated

9801 Georgia Avenue, #2-20, Silver Spring, MD 20902



-				
Y	P	E HOSPITA	TO THE HOSPITAL OR ALTENDIN	
0	E P	E FUNERAL	DIRECTOR: A	
	be file	d within 72	be filed within 72 hours after de	
	IMPO	RTANT: H	MPORTANT: If Item 28 Is I	

RANCIS

'93

31. DATE FILED (Month, Day, Year)

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DEATH	ENTAL HYGIENE REG. NO.	33 03/91
	OLIVER C. ANDERSON	2. DATE OF DEATH DAY	YEAR 9,125 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   79   YRS.   MONTHS   DAYS   HOURS   MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 22 13	8. BIRTHPLACE (State or Foreign Country) Ohio
08 80	9a. FACILITY NAME (N not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEAT  HOWARD County General Columbia  RESIDENCE OF DECEDENT		oward
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Howard Ellicott City		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	106. STREET AND NUMBER  8388A Montgomery Run Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC	C ORIGIN? (Specify Yee or No	ZEN OF WHAT COUNTRY?  S. A.  14. RACE — American Indian,
₩	1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuban, Mexican, 1 YES 2 NO   If yes, specify:	Puerto Ricen, etc.)	Specify: White
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Manager	Steel Comp	
t at once.		E (First, Middle, Meiden Surname) engston	
TO B	19a. INFORMANT'S NAME (Type/Print)  Margaret Anderson  19b. Mailling address (Street and Number or Rural Ro. 8388A Montgomery Run		
must b	20e. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)   20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)   South Lawn		city or Town, State
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ALARRY H. WITZKE  HARRY H. WITZKE	FUNERAL HOME	
ent, the medical	23. PART I. Enter the disease, or complications the cadsed the deeth. Do not enter the mode of dying, such shock, or heart fellura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	as cardiec or respiratory arm	Approximate Interval Between Onset and Death
The er other traumatic event, the medical examiner must be notified at once.  CERTIFICATION TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in P	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6		
-34	M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCC	CUREO
28 Is TED	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
If Item	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to one)  Display the physician of the best of my knowledge, death occurred at the time, date end place, end due to one)		
IMPORTANT:	29c. LICENSE NUME DO 95 COMPLETED CAUSE OF DEATH (ITEM 27) (Area Prior)		E SIGNED (Month, Day, Year)

BRUNO MD Med Arts Bulk.

Varidson-Randere

Columbia

Cardiac Williams

emporal service of

FRANCIS FRANCISCO MEDICANO CONTRA MEDICANO

Page 6 may be retained by the hospital or attending physician. ours after death.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give atreet and number)

Union Hospital of Elkton

4. SOCIAL SECURITY NUMBER

215 34 5697

PATRICIA ANDREWS

5. SEX

1 M 2 M F

1 -

68760,

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6	2	
.o. BC	certificate	
DIVISION OF WHAL RECORDS, P.O. BOX	notices that the death	
WHAL B	1	S. Carrell
OF	PHYSIC	
VISION	R ATTENDING	
2	0	i
	HOSPITAL	
	뿟	

use as the burial-transit permit. Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MD Cecil Elkton FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 750 Nottingham Road Elkton 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY 1 TYES 2 XNO Specify: 3 Widowed 4 Divorced 16e, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple page 5 should be detached for dery (0-12) entary/Second College (1-4 or 5+) 12 Editorial Clerk University of Delaware 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Stanley M. Keen Thelma Bagent 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 В. James Andrews 750 Nottingham Road, Elkton, Pe 20a. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Bust director, Nottingham Cemetery 2/10 4 Donation 5 Other (Specify) Rising Sun, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY In by the funeral or removal. Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. filled in by ŏ **IMMEDIATE CAUSE (Final** completely filled trial, cremation, the disease or condition resulting in desth) acuted within traumatic event, inding physician and con Hygiene prior to burial, MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 9 the atten Mental Injury PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 4 2 shows any Pigned : 1 TYES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 1 ☐ Inpatient 2 ☐ EN/Outpatient 3 ☐ DOA me 5 - Residence 8 - Other (Specify) ö 27. MANNER OF BEATH 28e. DATE DF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ( 1 Featured 5 Pending BY 1 YES 2 NO death 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 60 COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL within 72 h MPORTANT: If occured at the time, data and place, and due to the cause(a) and menner as stated. BE 29c. LICENSE NUMBER HE BE 223 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Elkton

6. AGE (In yrs. last birthday)

54

YRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) 10-29-1938

6

93 03792

YEAR

93

9c. COUNTY OF DEATH

Cecil

10g. CITIZEN OF WHAT COUNTRY?

USA

21921

MD

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH

1114

MD

10d. INSIDE CITY LIMITS?

1 - YES 2 NO

White

Approximata Interval Betw

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

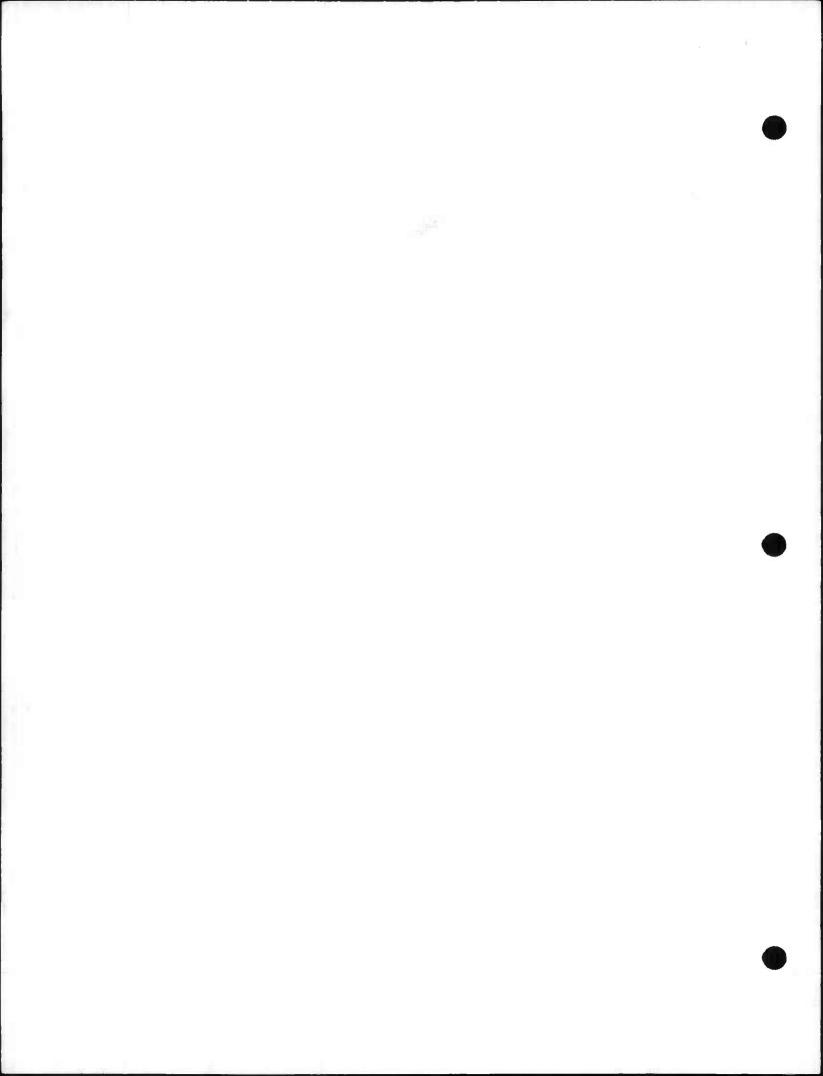
WAILABLE PRIOR TO

COMPLETION OF CAUSE

Onset and Death

8. BIRTHPLACE (State or Foreign Country)

Ам



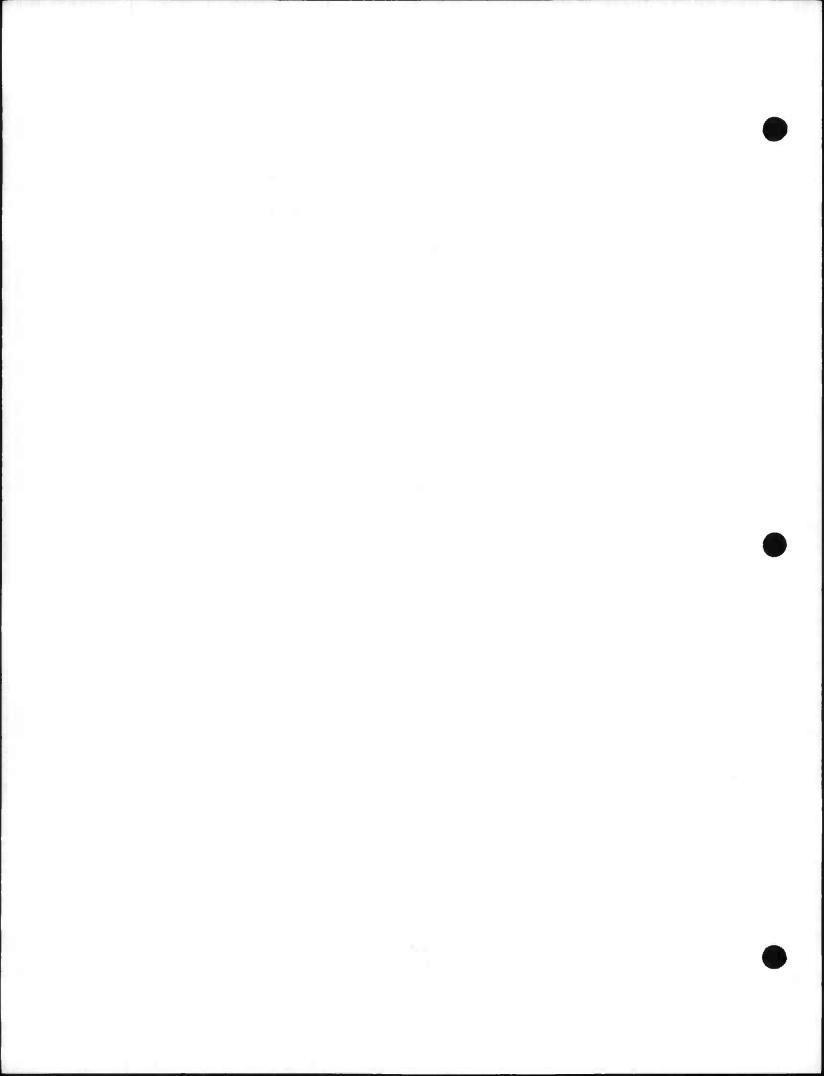
DIVISION OF VITAL RECORDER P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires a fire data conficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Jahaatt and Mertal Manne prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked and one.
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								9	3 03793
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAI	HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITINI IC	AIL OI	DEATH	2 DATE	OF DEATH		3. TIME OF DEATH
	HATTIE BETT	Y ASHBY				MONTH		- 0)	3 5 40 AM
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH		BIRTHPLACE (State or Foreign Country)
	234-22-4430  9a. FACILITY NAME (If not institution, give stree		87 YRS.	OF CITY TOWAR O	R LOCATION OF DI	9/9	/1905		N. Carolina
TOR	FALLS TON GE RESIDENCE OF DECEDENT	NERALA			LSTON				rford
DIRECTOR	Maryland Ha	arford	10c. CITY,	TOWN OR LOCAT	orest H	Iill			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	D . 1	-	101.	ZIP CODE	150		112	N OF WHAT COUNTRY?
N N	2118 Putnar				210				·S.A.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAI city Cuben, Mexica 2 M NO Specifi	n, Puerto F	? (Specify Ye lican, etc.)		BACE — American Indian, Black, White, etc. Specify: Caucasian
LED	15. DECEDENT'S EDUCA' (Specify only highest grade on	TION ompleted)	16a. DECEDENT'S US	BUAL OCCUPATIOn the done during most	N at of working	18b.	KIND OF BU	SINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		retired.) LSEWIÍ				Home	
COM	17. FATHER'S NAME (First, Middle, Last)		11.00		18. MOTHER'S NA	ME (First, A	fiddle, Malden		
BE	Jonason  19a. INFORMANT'S NAME (Type/Print)	Lile							rickland
10	Carl K. Moffet			Bame A:	Manual Mumber or Rural S	Route Numb	er, City or Tow	rn, State, Zip Co	ode)
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cer	PLACE AND DATE OF netery, crematory or othe	r place)		DATI			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NIGEE A	altimore	22. NAME AN	onal DADDRESS OF FA rtz Fur	CILITY			re, Maryland
	. Madd	en / lee	111	Jan	rettsv	rill	e. Ma	rvla	nd
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	TO DUE TO (DR AS	nch line.		le of dying, suc	h aa card	lac or resp	iratory arrea	Approximata interval Between Onset and Death
			,						6 torogra
CERTIFICATION		Renal fa							U.
ERTI	the state of the s	4. Pleural							и
1 - 1	PART II. Other significant conditions	contributing to death t	out not resulting in	the underlying	cause given in	Part i.	24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	UTI.					_	1 TES 2	1/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. ME						- 1		<i>/</i> `	1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only on	9)		
Sic	1 YES 2 NO	HOSPITAL:		THER:	5 Residence	6 ☐ Other	(Specify)		
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c, INJE	JRY AT			NJURY OCCUP	RED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, stre		ES 2 NO	28f. LOC	ATION (Street)	and Number or	Rural Route Number,
TEC	4 Homicide 8 Could not be determined	building, etc. (Spe	cify)			City	or Town, State)		
COMPLETED		AN: To the best of my know On the bests of examination							ause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIED		0 - 0 - 1		29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO		) PAREKH		D184	24		> 2	14193
	B.D. PAREKH	mo. 19	08 HARFO	KD RG	) Fous	ToN	MD	2104	17
	FFR 09 93	32. REGISTRAR'S SIGN	widron-Rand	102					

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ertific	ng ph	giene
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at the deat	by the atte	and Mental
west at the deat	faigned by the atte	Heart and Mental
w requires that the deat	atte atte	at of Health and Mental
e law requires that the deat	has the signed by the after	A Dept. of Hearth and Mental
AN: The law requires that the deat	tifican has the signer by the atte	Start Dept. of Hearn and Mental
OSICIAN: The law requires that the deat	is certificant has the signed by the after	ith the Starte Dept. of Hearth and Mental
46 PHYSICIAN: The law requires that the deat	her this certificant has the signer by the atte	ath with the Start Dept. of Hearth and Mental
ENDING PHYSICIAN: The law requires that the deat	IR. After this certifican has see signed by the atte	her death with the Start Dept. of Hearth and Mental
A ATTENDING PHYSICIAN: The law impulses that the deat	RECTUR. After this certificant has the signer by the atte	urs after death with the Statis Dept. of Health and Mental
AL OR ATTENDING PHYSICIAN: The Law requires that the deat	AL DIRECTUR. After this certificant has the signed by the atte	72 hours after death with the Stath Dept. of Heart and Mental
OSPITAL OR ATTENDING PHYSICIAN. THE LAW INQUIRES THAT THE DEAT	UNERAL DIRECTOR. After this certificant has was signed by the atte	ithin 72 hours after death with the Stath Dept. of Health and Mental
O THE HOSPITAL OR ATTENDING PRINCIPAL THE LIMING THE GRANT OF THE CHIRCATE DE EXECUTED WITHIN 24 HOURS After death. Page 6 may be retained	THE FUNERAL DIRECTOR: After this certificate has the standing physician and completely filled in by the funeral director, page 5 shou	lied within 72 hours after death with the Stark Dept. of Hearn and Mental

		1 - STATE REGISTRAR	STATE OF MAR		TMENT OF HEALTH AN	D MENTA	REG. NO.				
	15	1. DECEDENT'S NAME (First, Middle, Last) Georgia Trene Ba	rnard			2. DATE MONT	E OF DEATH	YEAR 93	3. TIME OF DEATH		
				AGE (In yrs. lest birthday)	IF UNDER 1 YEAR   IF UNDER 24 H	7. DATE	OF BIRTH		INPLACE (State or Foreign		
	i	THE PROPERTY OF THE PARTY OF TH	□ M 2 💢 F	62 YRS.	MONTHS DAYS HOURS M	0 8 -	27-38	W.	**Virginia		
	DIRECTOR	Frederick Memoria	,	il	96. CITY, TOWN OR LOCATION OF Frederick	F DEATH		Ecounty of Freder	==::::		
	<u> </u>	10e. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCATION				10d, INSIDE CITY		
- 1	- 28	Maryland Frede	rick	Fn	ederick		I 10	o CITIZEN OF	1 YES 2 NO		
	FUNERAL	804 E. South Str			21701		10	USA	WHAT COOKINY?		
1	à	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 X NO	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 NO S			No— 14. RAC Blac Spe	CE — American Indian, ck, White, ptc, acity: White		
	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	FION mpleted) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION work done during most of working e retired.)  Life & Mother	161	b. KIND OF BUSINE	SS/INDUSTRY			
once	COMPL	17. FATHER'S NAME (First, Middle, Last)				NAME (First,	Middle, Maiden Sum	iame)			
ed at	2	William L. Stei	<u>n</u>				ambert				
an actif	2	Mr. Richard E. Ba	rnard, Sr		ADDRESS (Street and Number of F. South Street	, Fre	derick, 1	MD 217			
must		20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	I from State	20b. PLACE AND DATE OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR COMMENT OF OR	of DISPOSITION (Name of Ve Church Ceme	teru	TE 20c. LOGATE	Mt. A	Town, State		
miner		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AND ADDRESS OF	FACILITY	Hamo P A	1000 10	oeg, mo		
exa L		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Stauffer Funeral Home, P.A.  P.O. Box 1819, Frederick, MD 21702  23. PART I. Enter the diseases, or complications that caused his death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
odic	- 11	23. PART I. Enter the diseases, or com	malfactions that as								
mt, the m		shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	only one cause o	on each line.		such aa car	diac or respirato	ory arreat,	Approximata interval Between Onset and Death		
atic event, the m	N/	immediate CAUSE (Final disease or condition resulting in death)	Pull m Av	nary &	dema	such aa car	diac or reapirato	ory arreat,	intarvai Between		
traumatic event, the m	CALIUN	snock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR	AS A CONSEDUENCE OF	dema Frilure	such aa car	diac or reapirato	ory arreat,	intarvai Between		
r other traumatic event, the m	HILLAHION	snock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (DR DUE TO (DR DUE TO (DR DUE TO (DR	AS A CONSEDUENCE OF	dema Frilure				interval Between Onset and Death		
2	CERTIFICATION	snock, or heart failure. List idisease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DA DUE TO (OR R 2 S D I) DUE TO (DA DUE TO (DA CI / Y Lů	AS A CONSEDUENCE OF AS A C	dema Frilure lure dany to Av	Vimmi	ne He	patiti	interval Between Onset and Death		
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PORTANT: If item 28 is marked, or item 29 steps my injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart failure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant conditions of the conditions of the conditions of the cause. Examiner?  1 Yes 2 NO 11  Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING PHYSICIAL	DUE TO (OR  R S D I)  DUE TO (OR  R S D I)  DUE TO (OR  DUE TO (OR  C S D I)  DUE TO (OR  C S D I)  DUE TO (OR  C S D I)  DUE TO (OR  C S D I)  DUE TO (OR  C S D I)  DUE TO (OR  C S D I  DUE TO (OR  C S D I  DUE TO (OR  DUE TO (OR  C S D I  DUE TO (OR  DUE T	AS A CONSEDUENCE OF AS A C	26. PLACE OF DEATH  26. PLACE OF DEATH  OTHER: 4   Nursing Nome 5   Reside  E OF JURY AT WORK? M 1   YES 2   NE  treel, factory, office	(Check only once 6 Other 28d. DE 28f, LOC Chy due to the catthe time, date	24a. WAS AN AUTT PERFORMED  1 YES 2 1 1  YES 2 1 1  OF (Specify)  SCRIBE HOW INJUR  CATION (Street and R  or Town, State)	OPSY 24  RY OCCURED  Number or Rural  as stated, se to the cause	Interval Between Onset and Death  Double Autopsy Findings Amalable Prior To Completion of Cause Of Death?  1 Yes 2 No		
RTANT: If item 28 is marked, or item 20-steris any injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	SNOCK, Or Reart Tellure. List Sind Examiner?  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Netural 5 Pending Investigation 1 Netural 1 Investigation 2 Netural 2 Accident Investigation 3 Suicide 8 Could not be determined 1 CERTIFIER (Check only 000) 2 MEDICAL EXAMINER: CERTIFIER 1 CERTIFIER OF CERTIFIER	DUE TO (OR R & S P)  DUE TO (O	AS A CONSEDUENCE OF AS A C	All LUPE  Jeff 1 LUPE  Jeff 1 LUPE  Jeff 1 LUPE  Jeff 1 LUPE  Jeff 1 LUPE  Jeff 2 L	(Check only once 6 Other 28d, DE 28f, LOCA)  due to the cathe time, date  NUMBER	24a. WAS AN ALITY PERFORMED  1 YES 2 1 1  OF (Specify)  SCRIBE HOW INJUR  CATION (Street and Nor Yown, State)	OPSY 24  RY OCCURED  Number or Rural  as stated, se to the cause	Interval Between Onset and Death  Double Autopsy Findings Amalable Prior TO COMPLETION of Cause OF DEATH?  1 YES 2 NO  Floute Number,  (a) and menner as stated.		
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met the death certificate be executed within 2—duts after death. Page 6 may be retained by the hospital or attending physician.	Immeding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	to burial, cremation, or removal.	my injury, or other traumatic event, the medical examiner must be notified at once.
ny be retained	page 5 should		be notified
n. Page 6 ma	eral director, p		niner must
urs after death	in by the fune	removal.	edical exam
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CAN The an present that the death certificate	etificate has been signed by the attending physic	he State Dept. of Health and Mercal Hygiene p	or Item 23 shows a
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ICAM The law professor	pertificate has been signed by the	irs after death with the State Deat, of Health and Mercal Hygiene p	or Item 23 shows a
THE HOSPITAL OR ATTENDING PHYSIC AND THE THE THE THE THE THE DELIB CONTINCATE	TO THE FUNERAL DIRECTOR: After this certifican has been signed by the attending physic	be filed within 72 hours after death with the State Deat, of Health and Mercal Hygiene p	item 23 shows a

	FOR	STATE OF MAR	YLAND / D	EPART	MENT OF H	EALTH ANI	D MENTA	AL HYGIENI	E	00750
	REGISTRAR		CEF	RTIF	CATE OF	DEATH		REG. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM	WILSON	7	BOZMAN		2. DAT MON	TE OF DEATH	Y YE	3. TIME OF DEATH
				0	502mA	134		HU MAY	9,1993	
	4. SOCIAL SECURITY NUMBER 220-34-9979	5. SEX 6. A	IGE (In yrs. last bli		MONTHS DAYS	HOURS MIN	(Mo	e of BIRTH onth, Day, Year) 2-11-03		BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN O	R LOCATION OF	DEATH		9c. COUNTY	OF DEATH
CTOR	PENINSULA REGIO	NAL MEDICA	L CENTE	R	SALIS	BURY			WIC	OMICO
DIRECTOR	MD 10h. COUNTY	nerset	3	10c. CITY,	Dames	Quarte	r			10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	106. STREET AND NUMBER McInturff Road				101.	ZIP CODE 21821				OF WHAT COUNTRY?
BY	11, MARITAL STATUS 1 M Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 NO	ED		city Cuban, Ma		GIN? (Specify Yes to Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondery (0-12)	completed)	(Give	DENT'S &	JSUAL OCCUPATIO ork done during mos retired.)	IN st of working	1	6b. KINO OF BUS		TRY
COMPLET	Grade 8	College (1-4 or 5+)	Wa	ter	man			Seafo		
BE CO	17. FATHER'S NAME (First, Middle, Leist)  Vaughan Bozman	1						t, Middle, Melden ace Shor		
TO B	190. INFORMANT'S NAME (Type/Print) Wm. J. McInturff	(nephew)			Aconess (Street a					21853
	20a. METHOO OF DISPOSITION		20b. PLACE OF	DISPOS	ITION (Name of cen			_		y or Town, State
	1 Donation 5 Other (Specify)	oval from Stata	other place Sa		bury Cre	matory		Sal	isbury	y, MD
	21. SIGNATURE OF EUNERAL SERVICE LIC		4			D ADDRESS OF		2	3 11	
	> Kaluen	Buch	leun					Funera - Cris		
Z	23. PART I. Entar tha diseases, or shock, or haert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. De M		m		da of dying,	such as co	ardiac or reapi	retory arrest	t, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PARTY II Other claudifferent conditions and the decided by the second of							24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				28. Pt	ACE OF OEATH	Check only	r one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1/ Inpetient 2 - ER	/Outpetlant 3 🗆	DOA	OTHER:	a 5 🗆 Reelda	nce 8 🗆 O	ther (Specify)		
并	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, )		28b. TIMI	E OF 28c. INJ			DESCRIBE HOW I	NJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	567	,,,,,		YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	d not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						OCATION (Street : Ity or Town, State)	and Number or	Rural Route Number,
COMPLETED	and and	ER: On the best of my								cause(a) and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIE	Meila		1	m)	29c. LICENSE	NUMBER .	3	29d, DATE S	BIGNED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WITH	HO COMPLETED CAUSE O	F DEATH (ITEM	27) (Type,	Print)	CHIVI	1 111	. 2180	1	'
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	2 6	, JUII	יועוכו	140	, 0100	1	
	JAN 21 '93	32. REGISTRAR'S	evidson-M	fande	DC.					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	cate be executed wi
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN LEAH BUTLER ANN 01 9:00 P.M. 931 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-16-054 01-01-98 1 - M 2 XF 95 TRAPPE MD 9a. FACILITY NAME (If not institution, use as the burial-transit permit. Pages 1, 2, 3 should give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN THE PINES EASTON DIRECTOR TALBOT RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Ra ppe 1 X YES 2 | NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rappe Z or attending physician. 12. WAS DECEDEN EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE - Ame Black, White 1 Never Married 2 Marri ВУ 4 Divorced ac/< COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp the funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) the hospital 17. FATHER'S NAME (First, Middle, Last) ORGE 3 To BE notified retained IANT'S NAME (Doe/Print) 19b. MAILING ADDRESS (St 5 4833 Road Page 6 may be 9 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City must Camptery, crematory or pither place (CEMETER) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 000 FUNERQ HENRY thin 24 hours after death. Henry 510 was medicai filled in by t 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such Approximate shock, or heart failure. List only one cause intarvai Between 6 Onset and Death **IMMEDIATE CAUSE (Final** completely filled rial, cremation. ( ther traumatic event, the demention disease or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): nician and companies, c teriorelevosis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING SEATTCEACE CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? shows any Signed Health a 1 TYES 2 THO 1 YES 2 NO t, of the State Dept. or Item 23 sh 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 24 NO e 5 🗆 Residence 6 🗆 Other (Specify) 4 Wursing H 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE NOW INJURY OCCURED is marked, with w 1 Natural 5 Pending investigation 1 YES 2 NO death BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Nomicide IMPORTANT: If item 28 29e. CERTIFIER

(Charte note)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de ath occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIPE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포포을 DAS 1-25-8 223 5 30. NAME AND ADDRESS HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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31. DATE FILED (Month, Day,

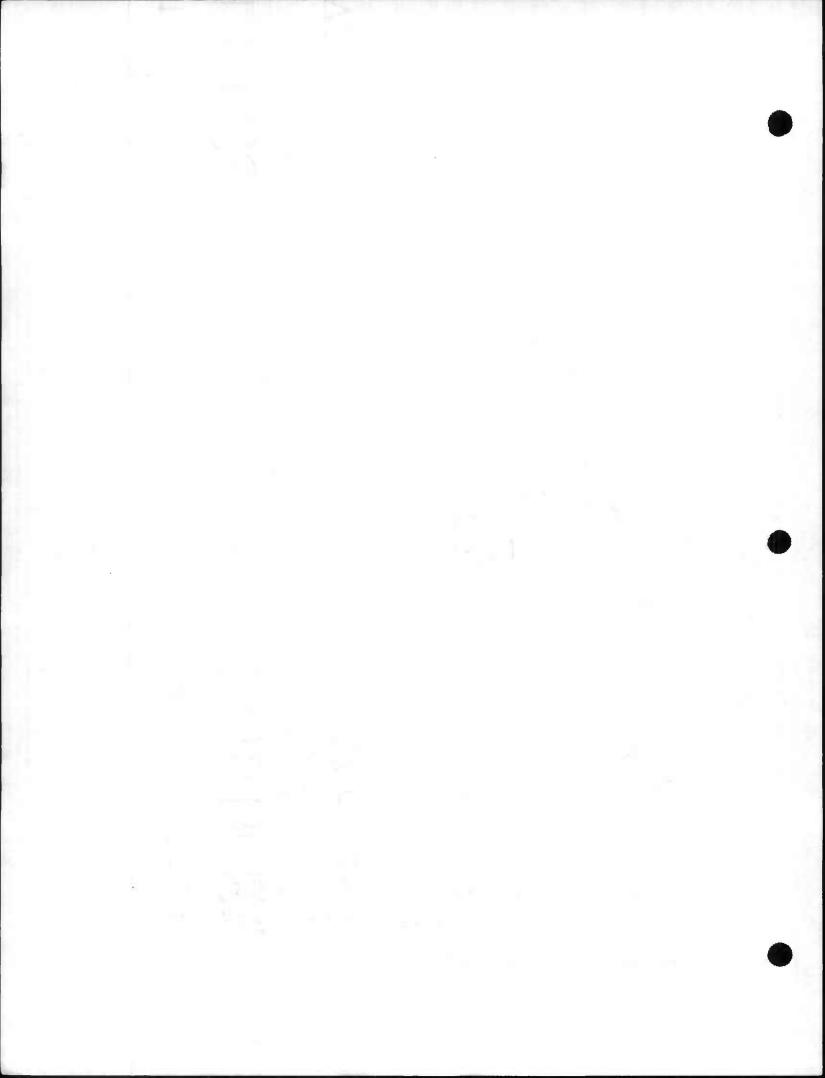
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32. REGISTRAR'S SIGNATURE

Suha Daydson-Randall

and the menting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in any mental Hygiene prior to burial, cremation, or removal. Taw annumers of the centificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law matter that certificate be executed within 24-rours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate the name of the land of the physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Control of the land of the land they prove to build be control. Control of the land of the DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Mary Elizabeth Bell  4. SOCAL SECURITY NUMBER  218-20-4121  5. SEX  10 M 2 D F  99 YRS.  6. AGE (fr yr. has behinday)   Flavors 1 YEAR   Flavors 3 Has   March 2   Mar	1 23										
218-20-4121	120 P										
RET. 1 BOX 108  Goldsboro  Caroline  RESIDENCE OF DECEDENT  MD  Caroline  Soc. CITY, TOWN OR LOCATION  Soc. START  100. COUNTY  Soc. START  100. COUNTY  Soc. START AND NUMBER  Rt. 1 BOX 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  11. MAST LOSS 108  12. WAS COCCEPHT EVER IN U.S. ANNED  PORCES? 1   TOE S 2   MO Society  13. DECEDENT'S SULVATION  IN YES, SOVED HOT OF MISSIAN CONSIDER Specify (Most Mast Specify)  14. DECEDENT'S SULVATION  IN YES, SOVED HOT OF MISSIAN CONSIDER SPECIAL MAST MAST MAST MAST MAST MAST MAST MAST	E (State or Foreign and										
The street and number   Sec. County   Sec.											
TO. STREET AND NUMBER  Rt.1 Box 108  11. MARTLAL STATUS 11. Mean bidscores of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INSIDE CITY LIMITS?										
Merch Married   Merch Married   Profices   Pres, Give Mar On Dates   If yes, specify, Cuben, Massican, Purior Rican, etc.)   Black, Whi   10 yes   20 Mo Specify:   Specify:											
Elementary Secondary (0-12)   College (1-4 or 5+)   College (1-4	merican Indian, ta, atc. Black										
William F. Allen  Georgianna (unknown) Allen  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stells, Zip Code)  24 070 E. Cherry Lane Goldsboro, MD 21636  206. METHOD of DISPOSITION  206. METHOD of DISPOSITION  207. Developed and Date of Disposition (Name of Counter Conditions)  208. Developed and Date of Disposition (Name of Counter Conditions)  209. Developed and Date of Disposition (Name of Counter Conditions)  209. PLACE AND DATE Of Disposition (Name of Counter Conditions)  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE AND DEVELOPED CONTROL OF COUNTER PLACE  209. PLACE OF DEATH (Check only one)  240. WERE AND AND THE COUNTER PLACE  240. DETERMINED CONTROL OF COUNTER PLACE  241. WERE AND AND TO COUNTER PLACE  242. WAS AN AUTOPBY PERFORMED?  1 UVES 2 MO  244. WERE AND AND THE COUNTER PLACE  245. WAS CASE REFERRED TO MEDICAL  246. WAS AN AUTOPBY PERFORMED?  1 UVES 2 MO  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  246. DESCRIBE HOW INJURY OCCURED  247. MAINTER OF PEATH  1 Mainter Signal Mumber of Rural Route  249. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED  240. DESCRIBE HOW INJURY OCCURED	1										
Anne Wilkerson  24070 E. Cherry Lane Goldsboro, MD 21636  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE of DISPOSITION (Name of Control (Name of Control (Name))  21 Donation 6 Other (Specify)  22. SAME I. Enter the diseasea, or complications that coded the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or hear fellure. List only one ceus on each line.  22. SAME I. Enter the diseasea, or complications that coded the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or hear fellure. List only one ceus on each line.  23. PART I. Enter the diseasea, or complications that coded the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or hear fellure. List only one ceus on each line.  24. DOME TO (OR AS A CONSEQUENCE OF):  25. Sequentielly list conditions, if env, leading to immediate cause. Enter UNDERLYING CAUSE (Closes or Injury thi Inditised events resulting in death) LAST  26. DUE TO (OR AS A CONSEQUENCE OF):  27. DUE TO (OR AS A CONSEQUENCE OF):  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. MAINTER TO DEATH  20. DATE 1. 24a. WAS AN AUTOPPY PERFORMED?  1   YES 2   MO  21. WAS AN AUTOPPY PERFORMED?  22. WAS AN AUTOPPY PERFORMED?  23. DATE 1. 24a. WAS AN AUTOPPY PERFORMED?  24b. WEST 2   MO  25c. WAS CASE REFERENCE TO MEDICAL PARTITION.  26c. DUE TO (OR AS A CONSEQUENCE OF):  27c. MAINTER TO DEATH  27c. MAINTER T											
Sequenties   Seq											
23. PART I. Enter the diseasea, Dr complications that cydsed the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, pr heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition and deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentlelity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1	itate										
alock, or heert feliure. List bnly one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition)  a. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS	and 2163										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inputiant 2 ER/Outpetiant 3 DOA  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
EXAMINER?  1  YES 2  ONO  27. MANNER OF DEATH  1  Inpetient 2  ER/Outpetient 3  DOA	NE AUTOPSY FINDIN LABLE PRIOR TO IPLETION OF CAUSI DEATH?										
1   res 2 No   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify)    27. MANNER OF DEATH  1   Natural   5   Pending Investigation   2   Accident   3   Suicide   6   Could not be    28. DATE OF INJURY   28b. TIME OF INJURY   WORK?   1   YES 2   NO    28b. TIME OF INJURY AT WORK?   1   YES 2   NO   28c. DESCRIBE HOW INJURY OCCURED    28c. PLACE OF INJURY — At home, farm, street, factory, office   28c. LOCATION (Street and Number or Rural Route City or Town, State)											
3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route City or Town, State)											
	Number,										
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and											
29b. SIGNATURE AND WILE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mor	l manner aa stated										
DR. D. TOMMASO POBY 660 Denton, mb 2.629	oth, Day, Year)										



requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be thatth and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

.O. BOX 68760,

DS, P	the death	y the atten	d Mental F	Injury, or
SECOR	- equires that the death	An usen signed by the atten	of Health and Mental I-	shows any injury, or
DIVISION OF WITH RECORDS, P	2	Ų	ä	Free 2
N OF	ING PHYS	ther this pe	eath with	marked,
DIVISIO	TO THE HOSPITAL OR ATTENDING PROFICE	TO THE FUNERAL DIRECTOR; After this part	nours after d	IMPORTANT: If Item 28 Is marked, it
7	HOSPITAL	FUNERAL	within 72 h	ITANT: If I
	THE THE	THE THE	be filed	IMPOR

Robert
31. DATE FILED (Month, Day, Year)

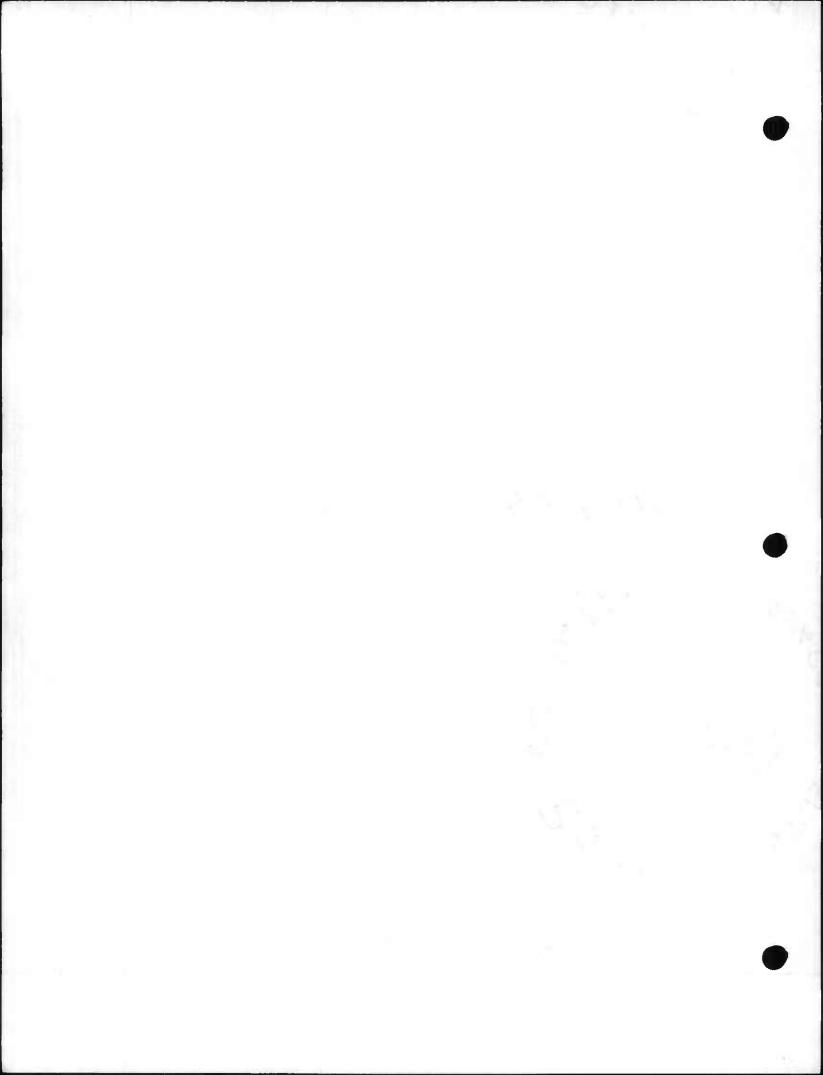
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							93	03/98		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)  ERNEST A.	BROOKS	ERNEST	A. BI	ROOKS,SR.	2. DATE OF DEATH	1 93	3. TIME OF DEATH 3 /300 P M		
				F UNDER 1 YEAR		7. DATE OF BIRTH (Moreth, Day, Year) FEBRUARY 1	.9 1937	BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	90. FACILITY NAME (If not institution, give stree ANNE ARUN DEZ				OF LOCATION OF DE	ATH	9c. COUNTY			
DIRECTOR	106. STATE 106. COUNTY  MARYLAND ANNE	ARUNDEL		TOWN OR LO				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	ARUNDEL	Al	NNAPOI	115		Ma CITIZEN	1 YES 2 NO		
ERA	920 PRESIDENT STREE	ET APT. A 4			21403		U.S			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE		If yes,	ECENDENT OF HISPAN apocity, Cuban, Mexica ES 2 NO Specify		or No- 14.	RACE — American Indian, Black, White, etc. Specify: LACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	FION 16 mpleted) College (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use in LAB(	k done durina	TION most of working	16b. KIND OF BUS				
6 w	17. FATHER'S NAME (First, Middle, Lest) JEREMIAH BROOKS					ME (First, Middle, Maiden ABETH SMAL				
TO BI	190. INFORMANT'S NAME (Type/Print) VICTORIA BROOKS					Route Number, City or Tow 1 C ANNAP				
	20e. METHOD OF DISPOSITION  1 To Burlel 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place)  ADAMS CHURCH CEMETERY 2/6/93  OWENSVILLE, MD.									
0.000	21. SIGNATURE OF FUNERAL SERVICE LICEN  Tyany  J	Leese	2_	REES			P.A.			
N		nplications that caused that only one cause on each acres to one course on each of the course of the	h line.			h as cardiac or respi	iratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO								
MEDICAL	PART II. Other significant conditions of	contributing to deeth but	not resulting in	the underly	ing cause given in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:		IOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 NO 12	Inpatient 2 ER/Outpatie		☐ Nursing H	ome 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW I	N HIDY OCCUP	50		
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY —	INJUR	M 1[	WORK? YES 2 NO		-			
ETED	3 Suicide 8 Could not be determined	building, etc. (Specify)				281. LOCATION (Street a City or Town, State)		sural House Number,		
COMPLETED		N: To the bast of my knowledg						suse(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	08	0		29c. LICENSE NUM			GNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO C	OMBI ETED CAUSE OF DEATH	A STEAM OF CO.		0248	04	1-3	31-93		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peterson

32. REGISTRAR'S SIGNATURE Andalls

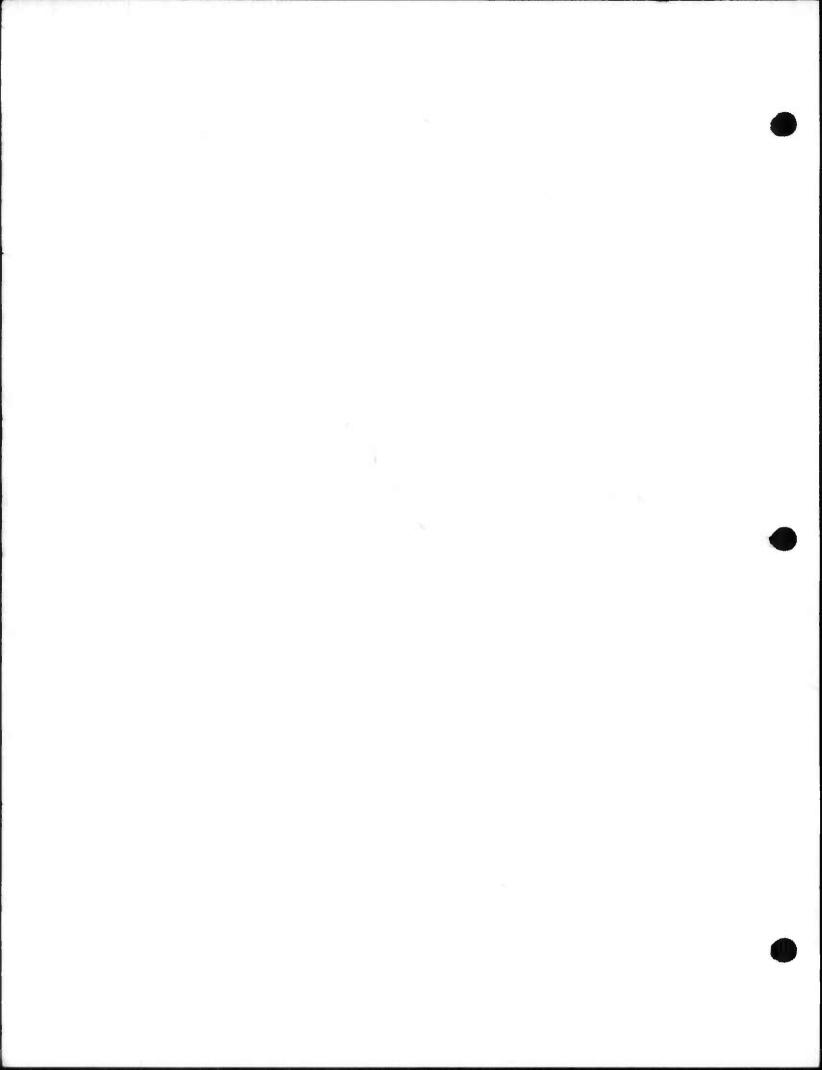
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TEN	TOR:	28 1	ı
R A	IREC NUTS	E	ı
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner	
OSPIL	Thin	IN:	
五十	A F N	DRTA	
T D	日本	MP	
_	- 40	D-SHIP	

	1 - FOR STATE REGISTRAR	STATE DF MARYL	AND / DE	PARTMEN TIFICAT	T OF H	EALTH	AND M	ENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)  CATHERINE BEI	RNADETTE		BURRO	UGHS			2. DATE OF DEATH MONTH FEBRUARY	03,19	3. TIME OF DEATH 10:30 P M
	016 10 0000	5. SEX 6. AGE	(In yrs. last birti		DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH 3-19-192	6	BIRTHPLACE (State or Foreign Couply) Maryland
J.R	90. FACILITY NAME (If not institution, give stree PHYSICIANS MEMO		AL		Y, TOWN O		ON OF DEA	тн		Y OF DEATH RLES
5	RESIDENCE OF DECEDENT		12.0							
DIRECTOR	MD (	Charles		LaPLat	:a					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt. 301 Box 590	3			101	2064	7)		-	S.A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2X 140	13	If yes, sp	ecify Cuba	of HISPANIC In, Mexican, Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	RACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDUC/ (Specify only highest grade of	ATION completed)	16a. DECEDI	ENT'S USUAL	OCCUPATIO	ON et of workin	20	16b. KIND OF BUS	SINESS/INDUS	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ind of work done NOT use retired. emake:		or or working	v	Н	ome	
ő	17. FATHER'S NAME (First, Middle, Last)		-					E (First, Middle, Malden		
BE (	Richard Patricl	k Murphy				Bei	rta (	Goldsmit	h Mu	rphy
5	19a. INFORMANT'S NAME (Type/Print) George Burrougl	ns						oute Number, City or Town Plata, MD		
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	val from State S1	b. PLACE OF D other place) . Mai	ry's	lame of cer	ort	natory or Cem	20c. LO	ewpo	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE							L'S FUNER	AT H	OME INC
Ш	· Favil C.	Echols		Li	aPLa	ta,1	MD 2	0646		
1 1	23. PART I. Enter the diseeses, or co shock, or heart fellure. L			. Do not ente	r tha mo	da of dy	ing, such	as cardiac or respi	iratory arres	interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	- Sgotie S	Rock	+	Kes	por	dy-)	Failer		Onset and Death
NO	Sequentially list conditions,	DUE TO (OFF AS	Lester	the	mee	lut	1			
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUE	NCE OF:						
ERTI	that initiated events reaulting in death) LAST			NSS(0)(0)						
AL C	PART II. Other significant conditions	contributing to death	but not resu	iting in the t	ınderiyin	g cause	given in P	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC								1 YES 2		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL		1		LACE OF D	DEATH (Chec	ck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Ou	tpatient 3 🗆 i	DOA 4 N		5 D R	esidence 8	B Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28	Bb. TIME OF INJURY	W	JURY AT DRK? YES 2 [		284. DEȘCRIBE HOW I	NJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp	IY — At home, scify)	farm, street, fa	ctory, offic	:•		281. LOCATION (Street City or Town, State)	end Number o	r Rural Route Number,
COMPLET	(Check Only	IAN: To the best of my kno								f. cause(s) end menner as eteted.
BE	29b. SIGNATURE AND TITLE OF CONTINUES	)ell				29c. LIC	ENSE NUM	2975	29d. DATE	SIGNED (Month, Day, Year)
입	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27	7) (Type, Print)	Pemb	rook	e Sa.		04	, <u>, , , , , , , , , , , , , , , , , , </u>
	Daniel M. Howell,		Н	lighway	301	Sou	th, W	, Suite 1 Waldorf, M	d. 200	503
	31. DATE FILED (Month, Day, Year) FFR 0.5 '93	32. REGISTRAR'S SIG	NATURE							
$\overline{}$		700.00000000000000000000000000000000000	- M- 191							



STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

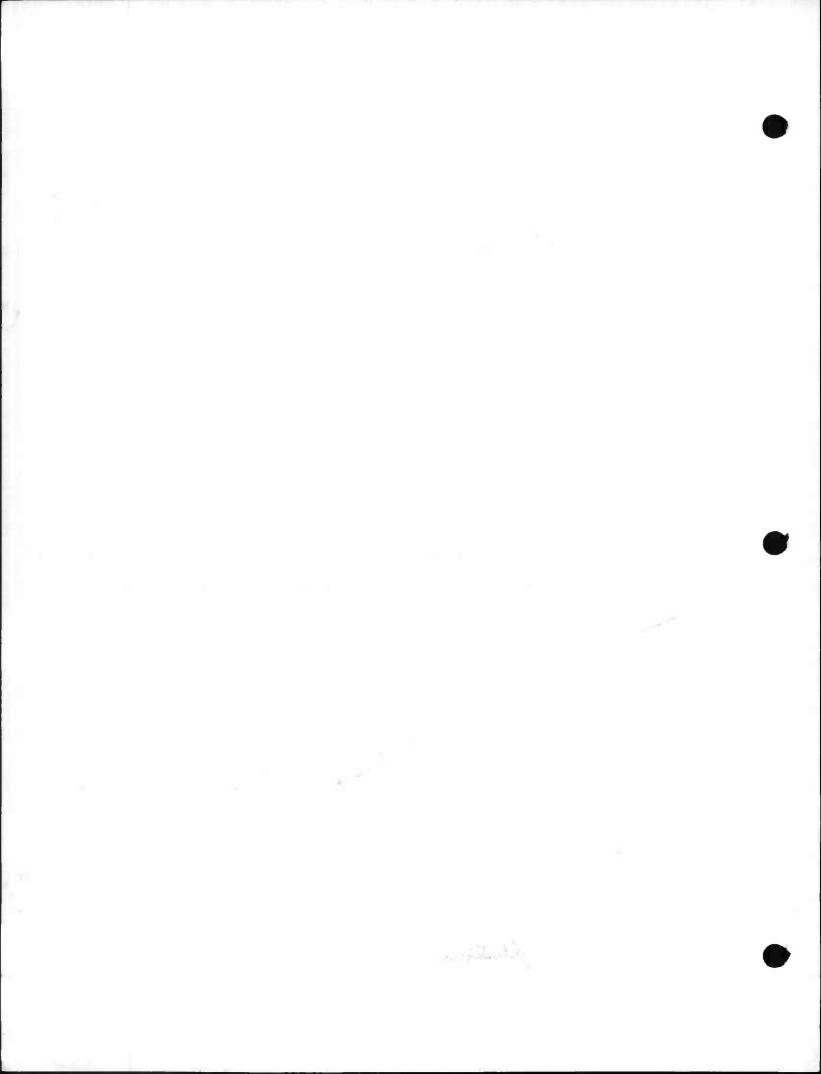
93 03800

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIENI REG. NO.	E 9	3 03800		
	1. OECEDENT'S NAME (First, Middle, Last)		D			2. OATE OF OEATH	VE VE	3. TIME OF OEATH		
	James			ALLA	Q Jr.	VAN 25.	1995			
			In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 7-25-192	6. B	BIRTHPLACE (State or Foreign Country)		
		,	5 YRS.					ryland		
e	9a. FACILITY NAME (If not institution, give stree PENINSULA REGIONA		יבאידע	SALIS	OR LOCATION OF OE	ATH	9c. COUNTY	OMICO		
18	RESIDENCE OF DECEDENT	AL MEDICAL C	ENIER	DALL	DORI		WICC	71100		
DIRECTOR	10a. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
1 1	Md. Wicom	ico	Fire	ritlan	-			1X YES 2 NO		
RAI	10s. STREET AND NUMBER	Arrest I		1	21801		- 51	OF WHAT COUNTRY?		
FUNERAL	300 Popular St.	12. WAS DECEDENT EVER IN		13. WAS DI		IC ORIGIN? (Specify Yea	U. S.	RACE — American Indian.		
	1. Never Married 2 Married	FORCES? 1 YES	2 NO		pecify Cuban, Maxican S 2 NO Specify			Black, White, etc. Specify:		
ЭВУ	3 Widowed 4 Divorced							Black		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(Give kind of life. Do NOT u	Work done during in se retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INDUST	RY		
121	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor			Taken	trash			
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
BE C	James	Ballard	, Sr.		Maggi	e Meri	rill			
6	19a. INFORMANT'S NAME (Type/Print)					Boute Number, City or Town				
-	Francis Ball							noke Mdd.		
	20a. METHOD OF DISPOSITION 4 Burlal 2 Cremation 3 Remove	ral from Stata	other place)		emetery, crematory or		CATION — City	or Town, Stata  e City, Md.		
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!		nionvi		AND AODRESS OF FA					
				0		SEVa.		neral Home		
$\vdash$	23. PART I. Enter the diseases, or co-	mplications that cause	the death the	30		New Chu	-			
1 1	shock, or heart fallure. Li	st only one cause on a	ach line.	not enter than	loca of dyilig, acc	i aa cardiac or respi	ratory arrest,	Interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition Table 2017)									
	resulting in death) a.	OUE TO (OR AS A	CONSEQUENCE (	OF);		P				
z	b.	- Mys	oczv	diz	15.0	hem -	~			
CERTIFICATION	Sequentially list conditions, it sny, leading to immediate	DUE TO YOR AS A	CONSEQUENCE	OF):	)					
일	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE	OF):						
E	that initiated events resulting in death) LAST	,								
	PART ii. Other algnificant conditions	annielbuilen in death h		le also conductor	na deuse abuse la	Part I. 24s, WAS AN	ALIMODOV	24b. WERE AUTOPSY FINDINGS		
SAL	PART II. Other aighinicant conditions	contributing to death o	out not resulting	In the underly	ng cause given in	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 TYES 2	. □ ₩0	OF DEATH?		
Σ						-	1	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Outp	petient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Rasidenca	6 Other (Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. I	NJURY AT VORK?	28d. DEȘCRIBE HOW I	NJURY OCCUR	ED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	f — At home, farm, cify)	street, factory, of	fice	28f. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,		
E .	29a. CERTIFIER									
COMPLETED	(Check only	IAN: To the best of my know						euse(s) and menner as stated.		
8	1		an and an annual gar	THE CONTRACTOR						
BE	296. SIGNATURE AND TITLE OF CENTIFIER	- //			29c. LICENSE NUI	O LI LI	29d. DATE SI	GNED (Month, Dey, Year)		
2	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ		I U a	ידדי	<u>'/</u>	30/10		
	Joseph Rath	e. HO M.D			ncy > Lo	cust Sts	. S	alis bury Md.		
	31 DATE EITED WAY JOHOGAS	32, REMISTRAR'S SICH	ATURELL	1 .	1			-1/		
3	LED OT 1999		N				_			

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DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN!	Ε	
		1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF DEATH	×1/31/	3. TIME OF DEATH
		Doris 4. SOCIAL SECURITY NUMBER	E.	Bowe			0/ 3/		5 13:20 M
무		172-01-7106	1 - M 2 F -	n yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS, HOURS MM.	7. DATE OF BIRTH (Month, Day, Year)	177	BIRTHPLACE (State or Foreign Country) Pennsylvania
3 should	œ	9a. FACILITY NAME (If not institution, give stre	,			OR LOCATION OF DE		9c. COUNTY	
.2	СТОВ	Montgomery General	1 Hospital		OLA	VEY		MON	TGOMERY
nit. Pages	DIRE	10a. STATE 10b. COUNTY MON	TGOMET		Y, TOWN OR LOCAT		PRING		10d. INSIDE CITY LIMITS? 1 PYES 2 NO
n. ansit permit.	FERAL	13 70 7 New	/	IRE 1	AVE 7	1. ZIP CODE	4		of what country?
020 physician. burial-transit	FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, ap	ecify Cuban, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
5-0 nding s the	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify:	·	W	specify:
LSe age	ETED	15. DECEOENT'S EDUCA (Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUST	TRY
29	APL!	Elementary/Secondary (0-12)	Coflege (1-4 or 5 +)	Homer	mker		Homemake	יקנ	
the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden S	-	
ARYLAND The hospi	12	Robert Filmer Bates.	Jr.	105 MAII INC	ADDRESS (Charles		orence Garman		
N I	12	John Bowyers					lis, MD 2140		ole)
HE X		20s. METHOD OF DISPOSITION 1\(\sum_{\text{\tinte\text{\tinte\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texitt{\text{\texi{\text{\texi{\texi{\texi\tie\text{\texi}\tilin}\tint{\text{\tiin}\tint{\text{\texi}}\text{\tiinte\ttitt{\			OF DISPOSITION (Na				or Town, State
TIMOR  1. Page 6 ma  and director.		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	Ca	te of Hear	$\sqrt{2}$	4/93		er Sprin	g, MD
→ B G E			NSEE 4			NO ADDRESS OF FAC Rinaldi Fur			
		23. PART I. Enter the diseases, or co	Hant	the death Dea	1.11800 i	New Hammshi	ne Ave. Sil	ver Spr	ing, MD 20904
hours after of in by th or remon		shock, or heart failure. Li	ist only one cause on ea	ch ilne.	ot enter the mo	ide of dying, such	as cardiac or respir	atory arrest	interval Between
SO, within 24 within 24 pietely filled cremation ment, the m		iMMEDIATE CAUSE (Final disease or condition resulting in death)	MYACAT	ch con	11	FARCT	1001		Onset and Death
D 0 1 6			DUE TO (OR AS A	CONSEQUENCE OF	): /	in the second se		X	ACUTE INDET
	NO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	10 CA	RDIOVA	ach	()50	ASE INDET
	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury							
O. ling pl griene othe		that initiated events resulting in death) LAST	DUE TO (QR AS A	CONSEQUENCE OF	ን:				
		d.							
O ST TO TE		PART ii. Other significant conditions	contributing to death bu	it not resulting i	in the underlying	g cause given in F	Part i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO
RECOR	MEDIC						1 YES 2	□ NO	OF DEATH?
> 0 -	2						-		1 TES 2 NO
VITAL FIAN: The faw of tificate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			ACE OF DEATH (Che	ck only one)		
SICIAN: The certificate the State	YSI	P YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe			ie 5 🗆 Rasidence (	□ Other (Specify)		
O SH sight bet	픱	27. MANNET OF CEATH  1 Natural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ	PRK?	28d. OEŞCRIBE HOW IN	JURY OCCUR	
NDING NDING : After death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, s			281. LOCATION (Street at	nd Number or I	N STKET
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	EE	4 Homicide determined	annuting, etc. (opeca		BET		SOO ORCHI	ARD L	Vay.
로 그 다 보	COMPLETE		IAN: To the best of my knowle						
HOSPITAL FUNERAL WITHIN 72	8	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, d				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. 101	Mu	///	29c. LICENSE NUM	o G	29d. DATE SI	GNED (Month, Day, Year)
7 /	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	20 10	//	-1	11/95
		31. DATE FILED (Morith, Day, Year)	4LE 10215 32. BEGISTRAR'S SIGNA	FERN	wood,	B. Bi	THESD	1 111	0 20817
		FEB 04 '93	Late Builde	March 182					



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32 HEGISTHAR'S SIGNATURE

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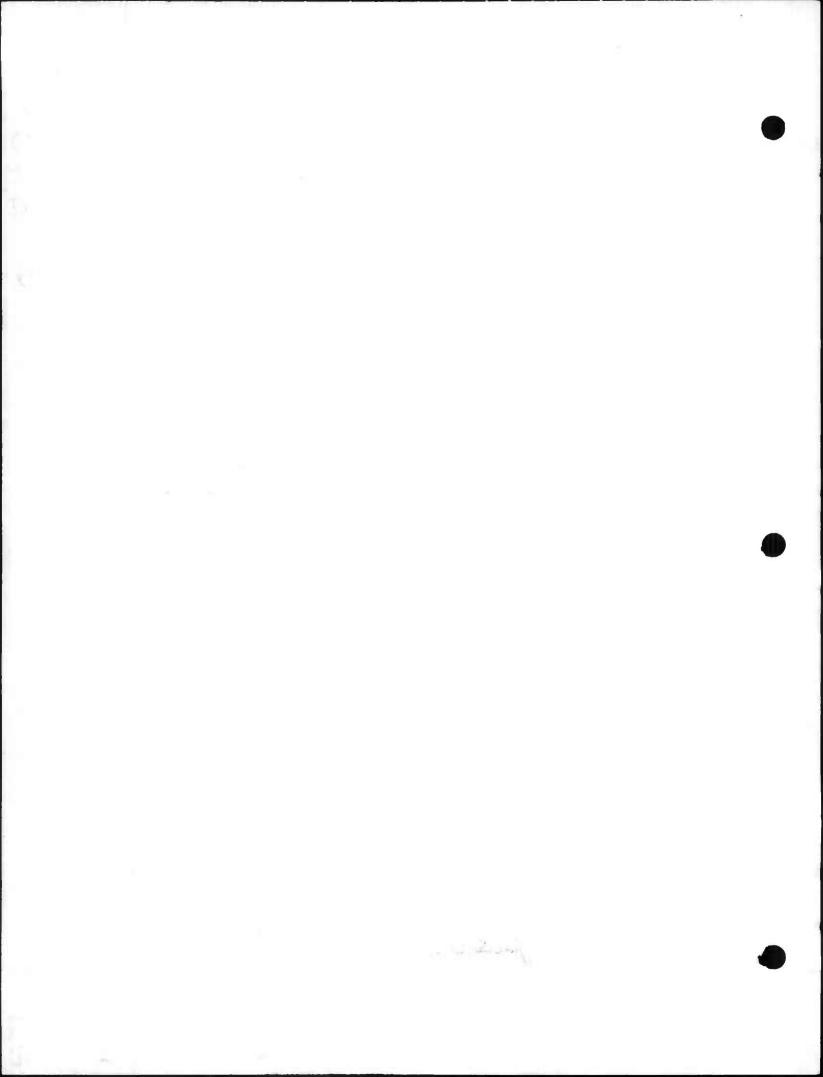
31. DATE FILED

In by the funeral c removal.

CIVISION OF VIEWE RECORDS, F.O. BOX 88/80,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law recomments and certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been cover to the within 72 hours after death with the State Dept. of within 72 hours after death with the State Dept. of within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 show any injury or other traumatic event, the medica
AL NECOND	e law require that the	has been fored by the Dept, of partitional	23 show any inju
SION OF VIEW	TENDING PHYSICIAN: Th	TOR; After this certificate after death with the State	28 is marked, or Item
	TO THE HOSPITAL DR AT	TO THE FUNERAL DIRECT be filed within 72 hours a	IMPORTANT: If Item 2

03802 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 . CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Brown Robert Allan A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (Ir) yrs last birthday) 7. DATE OF BIRTH (Month, Day, Vogr) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MA 2 DF 0 WASHINGTON, DC 9a. FACILITY NAME (If not institution, give Sc. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDEN 10e. STATE 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Montgomery Chevy Chase TYTYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5031 Bradley Boulevard, #1 20815 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES 1 Never Married 2 Marrie BY 1 TYES 2 NO Specify 3 Widowed 4 XXDivorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 2 Salesman Insurance 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Russell Martin Brown BE Florence Ethelen Rau 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Allan Martin Brown 2328 McCormick Road, Rockville, Maryland 20850 206. PLACE AND DATE OF DISPOSITION (Name of 1/30/93 DATE 20c. LOCATION — City or Town, State Montgomery Crematorium, Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery 21. SIGNATURE OF FUNERAL SERVICE LICEN M00803 M Avenue, Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ Hypotensian

Due to (OR AS A CONSEQUENCE OF): Mhours resulting in death) Keto Diabetic orcl CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE BY PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 10 proliferativ 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Sinpetient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due BE (Neil MD 8 Ulie 2 OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Pript)



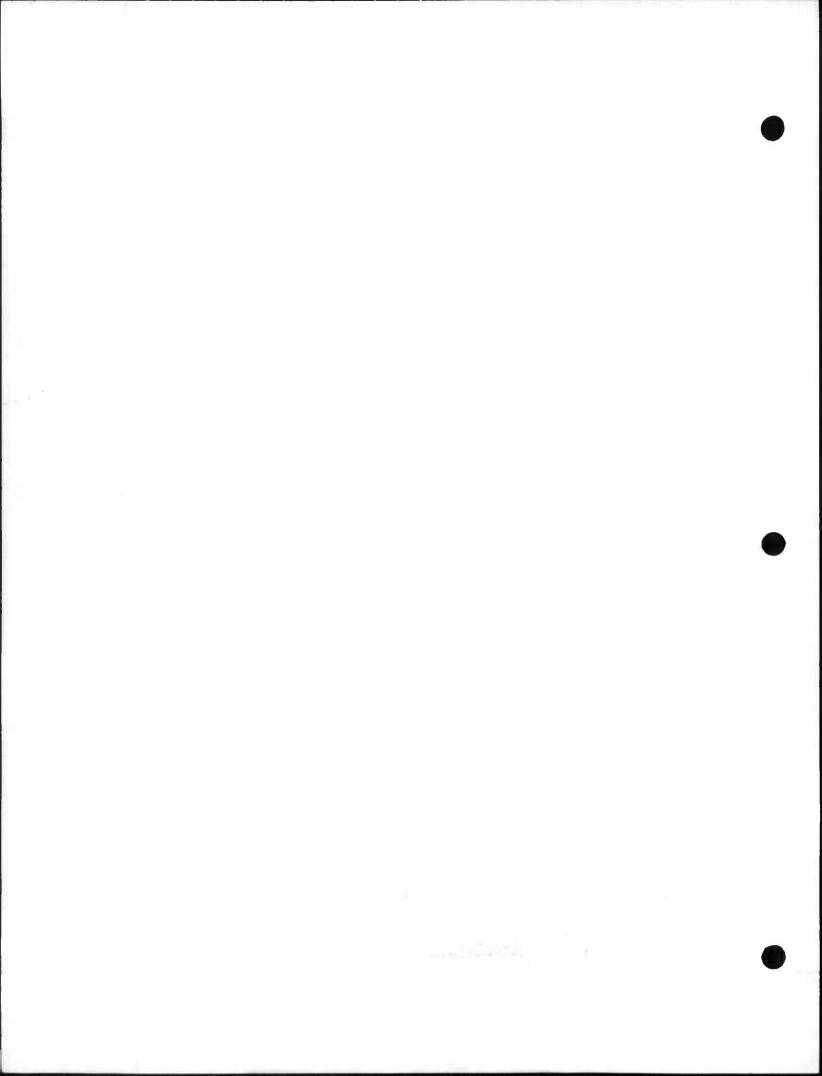
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minime the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at Hearth Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State De MPORTANT: If Item 28 is marked, or Item 23

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH				
	Benjamin Mayer Barr	nes				January 2	MY YEA 7 1003	3:15 P.M	
1	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In )	yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	HRTHPLACE (State or Foreign		
1 8		1⊠ M 2 □ F 78	B YRS.	NTHS DAYS	HOURS MIN,	May 13,	G	ew Jersey	
ec.	Se. FACILITY NAME (If not institution, give stree		96	CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY (	OF DEATH	
DIRECTOR	10681 Weymouth Stre	et, #103		Beth	esda		Mont	tgomery	
H	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
		tgomery		Beth	esda			1 TES 2 X NO	
₹.	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	10681 Weymouth Stre				20814		Unite	d States	
15	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 X YES	I.S. ARMED			NIC ORIGIN? (Specify Years, Puerto Ricars, etc.)	s or No- 14. F	RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		2 NO Specif			Specify: White	
	15. DECEDENT'S EDUCAT		6a. DECEDENT'S USL	IAL OCCUPATIO		401 8010 00 01	<u> </u>		
13	(Specify only highest grade cor	mpleted)	(Give kind of work life. Do NOT use re	done during mos	st of working	188. KIND OF BE	ISINESS/INDUSTF	RY	
7	12	College (1-4 or 5+)	Banke	er		1	Banking		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumama)		
	Henry Mayer				Stella		· ourraine)		
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street at	nd Number or Rural	Route Number, City or Tox	vn. State. Zip Code	9)	
2	Barbara M. Barnes		10681 W	eymout	h Street	, #103 Be	thesda,	Maryland	
	20a. METHOD OF DISPOSITION	20b. PI	LACEANDDATEOFD	ISPOSITION (Na	ne of 1 /29	/O DATE 20c, LO	OCATION — City of		
	1 Burial 2 X Cremation 3 Remova 4 Donation 6 Other (Specify)	I from State cemeta	intgomery	Cremat	corium,	Inc. Be	thesda,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN	D ADDRESS OF FA	CLUTY Robert	A. Pumi	phrev Funeral	
	· Well E'B	over h	00672	Home/ Wisco	Bethesda nsin Ave	-Chevy Character Beth	ase, In	phrey Funeral C. 7557 aryland 20814-	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lia	nplications that caused the	he death. Do not	enter the mo	da of dying, suc	h as cardiac or resp	iratory arreat,	Approximate	
	IMMEDIATE CAUSE (Final	t only one cause on each	n me.					Interval Between Onset and Death	
	disease or condition resulting in death)								
1 1	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions, b.								
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEGUENCE OF):						
일	CAUSE (Disease or Injury C	DUE TO (OR AS A CO	ONSEQUENCE OF						
Ē	that initiated events resulting in death) LAST	00E 10 (01 A3 A C	onseddence or):						
빙	d								
甘	PART II. Other significant conditions of	contributing to death but	not resulting in th	na underlying	cause given in			24b. WERE AUTOPSY FINDINGS	
MEDIC						PERFO		MAILABLE PRIOR TO COMPLETION OF CAUSE	
E I							70	OF DEATH?	
ä						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI	1 TES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatie		THER:  Nursing Home	5 M Residence	6 ☐ Other (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCURE	D	
```	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office		261. LOCATION (Street City or Town, State		iral Route Number,	
COMPLETED	29a. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAL	N: To the best of my knowledge	ga, death occurred at	the time, data	end place, end due	to the cause(a) and ma	nner as stated.		
ŏ.	one) 2 MEDICAL EXAMINER: (	On the besia of axamination as	nd/or investigation, in	my opinion, de	ath occured at the	time, data and place, a	nd due to the cau	rse(a) and manner as stated.	
ш	29b. SIGNATURE AND TITLE AS CERTURIES	10	<del></del>		29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
00	House //to	ell_			D04766		1	ary 28, 1993	
임	30 NAME AND ADDRESS OF PERSON WHO C								
	Daniel Rosenblum, M	.D. 10400 Co	nnecticut	. Avenu	e Kensir	ngton, Mar	yland	20895	
	31. DATE PILED (MONT) 20% (SOF)	32. MEGISTRAR'S SIGNATU	JRE			-			
	110 02 93	Julia Davidson	-Hardell						





BALTIMORE, MARYLAND 21215-0020	JAN THE INTERIOR THE GREATH CARTIFICATE DE EXECUTED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ting the man speed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Same Hualh and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN THE MENT THE THE GRATH CERTIficate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certification in the most and by the attending physician and completely fiffed be filed within 72 hours after death with the State Description, or the and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or liver 23 shorts any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	BERNST	FEIN			2. DATE O	F DEATH DA	1 9	7EAR 3	TIME OF DEATH	
	058-03-5056	1 M 2 DF	E (In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9	Day, Year)	08 NEW YORK			
CIOR	98. FACILITY NAME (II not institution, give street POTO MAC VAL	TEY W. H		ROCKY	LLE	EATH		90. COUNTY OF DEATH MONTGOMERY			
DIREC	10a. STATE 10b. COUNTY FLORIDA BROW	ARD		UNRISE	ION		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	100. STREET AND NUMBER 9480 SUNRISE LAKE	S BLVD, #3	07	101	33322		10g. CITIZEN OF WHAT COUNT UNITED STATE				
BY FUN		12. WAS DECEDENT EVER FORCES? 1XX YE IF YES, GIVE WAR OR WW I	R IN U.S. ARMED S 2 NO DATES	If yes, sp	ENDENT OF HISPA acity Cuban, Mexic 2 NO Speci	en, Puerto Ric	(Specify Yea an, etc.)		RACE -	- American Indian, White, etc.	
LEIED		ompleted) College (1-4 or 5 +)	(Give kind of life, Do NOT un		DN at of working	16b. K	IND OF BUS	SINESS/INDUS	TRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)		BOOK	KEEPER		_			NANC	E & LOAN	
- 1	ISAAC BERNSTEIN				18. MOTHER'S NA	DUNC		Surname)			
IO BE	190. INFORMANT'S NAME (Type/Print)  DR. NEIL BERNSTEI	N		RINGER C	nd Number or Rural	Route Number	City or Town			0817	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 X Remove 4 □ Donation □ Other (Specify)		Ob. PLACE AND DATE		me of	DATE 20c. LOCATION — City or Town, State 2/2 VALHALLA, NEW YORK					
-	21. SIGNATURE OF FUNERAL SERVICE LICEN	Hise		DANZAN 1170 R	OCKVILLI	BERG E PIKE	- RO	CKVIL	LE,M	LS, INC. D. 20852	
RIPCALION	23. PART I/Enter the dimesea, or conshock, or han failure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO JOH AS	a consequence of	12	encle le	th aa cerdia	c or reapli	ratory arres	t,	Approximate Interval Between Onset and Peath WWW. Charles III 1-2443	
. MEDICAL CE	PART II. Other eignificant conditions	contributing to death	but not resulting	in the undarlying	g cause given in		4a. WAS AN PERFOR	MED?	CO	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	eck only one)					
2	1 TYES 2 115	I Inpatient 2 ER/Ou		OTHER:	5 🗆 Residence	8 🗆 Other (	Specify)				
L L	27. MANNER OF DEATH  1 Return S Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIM	JURY WO	URY AT RK7 'ES 2 NO	26d. DEŞCI	RIBE HOW IN	IJURY OCCUP	IED		
2	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number Number 1)							Rural Roul	te Number,	
Number of the second	(Check only 1 19 CERTIFYING PHYSICAL EXAMINER	AN: To the best of my kno								nd menner as stated.	
	206 SHORATURE AND THE OF CERTIFIER	OF CENTIFIER 29c. LICENS					>/	29d. DATE S	GNED IM	forth, Day, Year)	
	PAUL NOONE, MD				KVILLE.	MARYI	AND 2	20852			
	31. DATE FILED (Month, Day, Year) FEB 02 93	- 50 W. EDMONSTON DRIVE - ROCKVILLE, MARYLAND 20852  32. REGISTRAR'S SIGNATURE  Julia Davidson Abadese.									

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ter death. Page 6 may be retained by the hosp the funeral director, page 5 should be detached oval.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Language of the confidence be executed within 24 hours after death. Page 6 may be retained by the hosp to THE FUNERAL DIRECTOR. After this certificate has been uppered by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Duit of the Company of the filed within 72 hours after death with the State Duit of the Company of the filed within 72 hours after death with the State Duit of the Company of the filed within 72 hours after death of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			RENTAL HYGIE				
3	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH		
- 4	EMMA FRANCES	HILD BOGA	R			JANUARY 29, 1993 2:30 A.				
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yr		F UNDER 1 YEAR	IF UNDER 24 HRS.					
	214-03-8997	1 □ M 2 🔀 F 77	YRS.	ONTHS DAYS	HOURS MIN.	DEC. 22.	1915 WA	SHINGTON, DC		
- 3	9e. FACILITY NAME (If not institution, give street	of and number)	9	b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY C			
5		CARE		SILVER	SPRING		MONTGO	MERY		
E E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
DIRECTOR	MARYLAND MONTO	GOMERY	MERY SILVER SPRING					LIMITS?		
A	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1921 MARYMONT F	ROAD			20906	) )	USA			
5		12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED		ECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE American specify Cuban, Maxican, Puerto Rican, etc.)					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	3 Arre		2 NO Specify:			pecify:		
	15. DECEDENT'S EOUCAT		n. DECEDENT'S US	UAL OCCUPATIO	N .	165 KIND OF B	USINESS/INDUSTR	WHITE		
COMPLETED	(Specify only highest grade col	mpleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done durina mo:	st of working	roac ranto or o	JOHN LOGIN			
	12	, ,	OMEMAKER	}						
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maide	on Sumame)			
BE		HILD			FRANCES		BREITW			
0	196. INFORMANT'S NAME (Type/Print)		1			oute Number, City or To				
	JAMES EDWARD BOGAR							, MD 20833		
	1 Burial 2 Commetton 3 Remove 4 Donattop 5 Other (Specify)	of from State 20b. PL/	ACEANO OATEOF X COMPOLITA ROPOLITA	DISPOSITION (Na.	meof ATODV 1		OCATION — City o	CAN PERMIT		
	21. SIGNAJORE OF FUNEFIAL SERVICE LICEN	ISEE A	KOI OLI IA	22. NAME AN	D ADDRESS OF FAC	ILITY	XANDRIA,			
	MO MALL	1 1 00		FRANCIS	J. COLL	INS FUNE	RAL HOME	, INC. SP., MD 20901		
	23. PART f. Enter the diseases, or con	mplications that caused th	a death. Do not							
	snock, or heart failure. Lin	it only one ceuse on each	line.	enter the mo	de of dying, such	as cardiac or res	piratory arreat,	Approximate interval Between		
	immediate cause (Fine) disease or condition resulting in death)  e. Retapperitorial Sarcoma.  3 month									
	resulting in death) e	DUE TO (OR AS A CO	NSEQUENCE OF):	1 70 K	(01119)			3 wouths		
z										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING									
5	CAUSE (Disease or injury C.	DUE TO (OR AS A CO	NSEQUENCE OF							
E	that initiated events resulting in death) LAST	502 10 (On A3 A CO	NSEOULNCE OF):					j		
	d									
¥	PART II. Other significant conditions of	contributing to death but r	not resulting in	the underlying	cause given in F		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ						-		1 _ YES 2 _ NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 84	ACE OF DEATH (Chec					
Sic	EXAMINER?	HOSPITAL:		THER:						
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJI		28d. DESCRIBE HOW	/ INJURY OCCURE	)		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY / building, etc. (Specify)	At home, farm, stre	et, factory, office	,	28f. LOCATION (Stree City or Town, Stat	at and Number or Ru	ral Route Number,		
COMPLETED	4 Homicide detarmined		_			Ony or lown, Stan	10)			
3	29a. CERTIFIER (Check only	AN: To the best of my knowledge	e, death occurred	at the time, date	end place, and due t	o the cause(e) and m	anner as stated.			
Ö	one) 2 MEDICAL EXAMINER:	On the beals of examination an	d/or investigation,	In my opinion, de	eath occured at the t	ime, data and place,	and due to the cau	se(a) and menner as stated.		
ш	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)		
TO B	of Harmes	when w	0.		D2345	9	1/3	9/93		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		-	0 1 4					
	31. DATE FILED (Month, Day, Year)	32 REGISTRATE SIGNATURE		PICHIS	20110 6	76. Olu.	er w	4. 50835		
	FEB 01 '93	Julia Davidson	Book 10				<u></u>	3		
	100 01 30		1							

A 12 3

8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH 4:15 Am .

10d. INSIDE CITY 1 YES 2 NO

Silver Spring Md.

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

29d, DATE SIGNED (Month, Day, Year)

1 YES 2 THO

BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

or other traumatic event, the medical examiner must

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR

O. BOX 68760, DIVISION OF VITAL REC

ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hypene prior to burial, cremation, or removal. # fifcate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law required TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of Healt MPORTANT: If Item 28 is marked, or Item 23 shows HOSPITAL OR ATTENDING PHYSICIAN: The law metal

REGISTRAR				CERTIF	ICATE	OF	DEA	TH		REG. NO			
1. DECEDENT'S NAME (First	Middle, Last)	0							2. DAT	TE OF DEATH			3. TIME OF DEATH
Gladi	15 M.	Bro	WI						MOR		0 - 1 C	YEAR	4:154
4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH	0 - 1	_	IPLACE (State or Fon
579-60-	6256	1   M 2   F	96	-		DAYS	HOURS	MIN.	(Mo	nth, Day, Year)	896	Penn	sylvania
9a. FACILITY NAME (If not in	9a, FACILITY NAME (If not institution, give street and number)							ION OF D	EATH		9c. COUN	TY OF D	EATH
CTros Ven	or f	tealth C	ar C	enter.	-R	odl	1690	da.			m	ont	gomery
RESIDENCE OF DEC													0
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR								10d. INSIDE CITY
MD.	M	ontgom	ery.		Beth	1 es	da						1 YES 2 N
10s. STREET AND NUMBER			_			10f.	ZIP COD	DE			10g. CITI	EN OF V	WHAT COUNTRY?
5721, G	os Ve	nor Lan	e. Be	Theod	u	1	OID	2	189	9.	U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN			13. W	S DECE	NDENT	OF HISPAI	NIC ORIG	SIN? (Specify Yes	or No-	14. RACE	E — American India
1 Never Married 2	5,500 111	FORCES? 1			1[	YES YES	2 TO NO	an, Mexica Specif	in, Puerti V:	o Rican, etc.)			k, White, etc.
3 Widowed 4 Divo	rced												"White.
	EDENT'S EDUC highest grade		16a	DECEDENT'S	USUAL OCC	UPATIO	N t of work	Ina	10	66. KIND OF BU	SINESS/IND	JSTRY	
Elemantary/Secondary (0	-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	mg moo	CO WOLL	9					
11				Clei	k					U.S. G	overn	ment	•
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	THER'S NA	ME (First	, Middle, Malden	Surname)		
Add	ison S	. Flower	S				Man	ry E.	. Br	own			
19s. INFORMANT'S NAME (T	ype/Print)			19b. MAJLING	ADDRESS (	Street an	d Numbe	or or Rural	Route Nu	mber, City or Tow	n. State. Zio	Code)	
Gladys Wate	rs												nd 20902
20a. METHOD OF OISPOSITE				CEANDDATE		ON (Nan	ne of		DA	TE 20c. LO	CATION —	Ify or To	wn, State
4 Donation 5 Other		OVAL ITOM STATA	Mt.	t. Joy Cemetery 2-2-93 Mt. Joy PA.									
21. SIGNATURE OF FUHERA	L SERVICE LIC	ENSEE	,					ESS OF FA					
*X	X.	Han 9	_		Hin	Hines Rinaldi Funeral HOme, Inc.							
/ Jours	11.0	car			11800 New Hampshire Ave. Silver Spring								
21 PART I. Enter the di shock, or he	seeses, or coart fallure.	complications that List only one cau	t caused the	death. Do	not enter th	ne mod	le of dy	ing, suc	h ss ce	rdlec or resp	ratory arm	st,	Approximat
IMMEDIATE CAUSE (Fin	al							20 2					Onset and
disease or condition resulting in death)	<b>→</b>	Can	ges	lin	en	ca	27	*	ne	lus	0		
resulting in death)	•	DUE TO	UN AS & COR	SEQUENCE O	F):			1					1
		Site	rest	ele	Wite	1	Ca	-	Li	wwa	de	M	コノ
Sequentially list conditi	ons,		(OR AS A CON			0	1		, ,		-		
If any, leading to immed cause. Enter UNDERLY			,		,				-				Ť
CAUSE (Disease or inju		C	(OR AS A CON	SECHENCE O	D.								
that initieted events resulting in death) LAS	6	502 10	(31) AU A 00h		. 1.								i
		d											
PART II. Other significa	nt condition	s contributing to	deeth but n	ot resulting	in the unde	erlying	Celled	given in	Part /	24s. WAS AN	ALITODREY	1 2/5	. WERE AUTOPSY FIN
A -	7				uto unde	,9	434	Airen III	e art i.	PERFOR		246.	AMARABLE PRIOR TO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				1   YES 2   J-NC				
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3							
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	20e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW INJURY OCCUREO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 Suicide 6 Could not be	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fac	ctory, office					

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of a d/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CHITTIPIER

29c. LICENSE NUMBER

140005

30. NAME AND ADDRESS OF PERSON W	COMPLETED CHUSE OF GONTHATEM 27/47/01 Pyris rung Strik Betheda Med 20811	7
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	_

Julia Thuida FEB 01

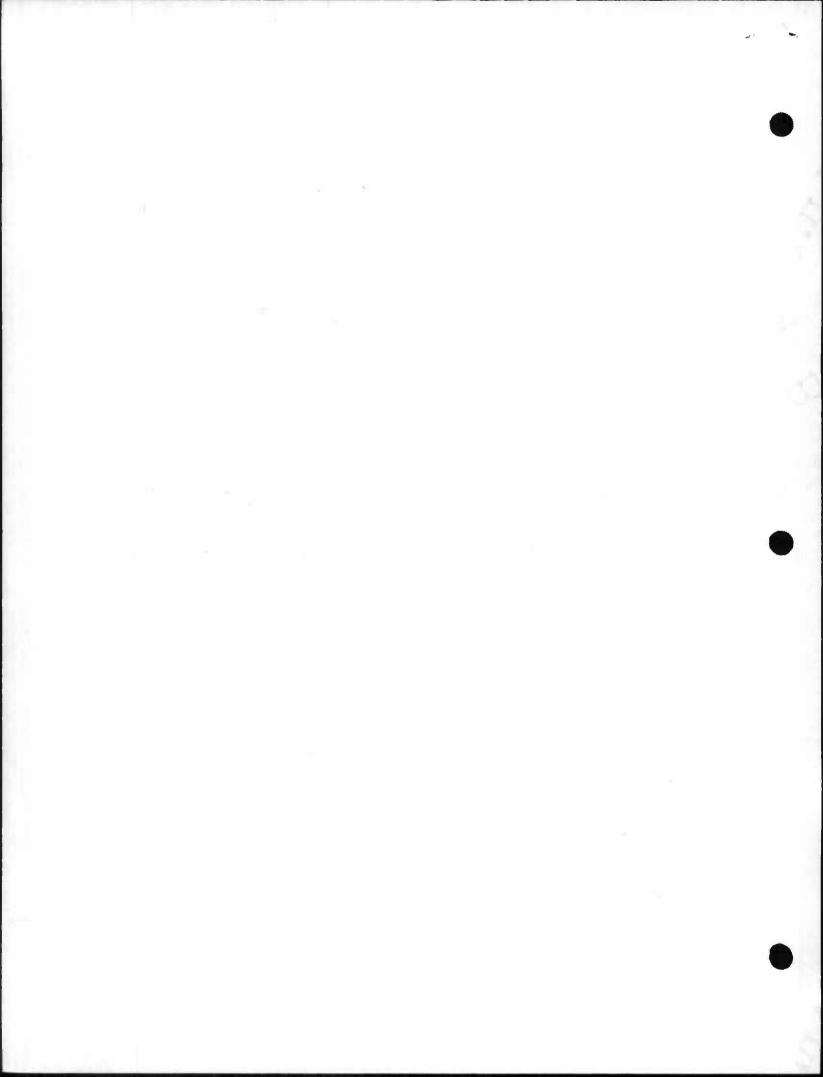
DHMH-18 Rev 1/89

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	_	REGISTRAN				- CL	TT I II	IOAIL	. 01	DEA			REG. NO.			
	1	1. DECEDENT'S NAME (First, Midd SHIRLEY		ANN		В	ECKW	ITH				2. DATE OF MONTH	DA		993	7:10 a
	- 1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. lest	birthdev)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF		/ <b>1</b> , 1		PLACE (State or Foreign
		219 - 02 - 296		1 🗆 M 2 🔯 F		48	YRS.	MONTHS	DAYS	HOURS	MIN.		Day Year)	944	Country	
phould	æ	9a. FACILITY NAME (If not institution	40	9b. CITY. TOWN OR LOCATION				ON OF DE								
3 sh		111 Irving St		,				Laur	_	1		Prince Geor				
1, 2,	ECTOR	RESIDENCE OF DECED	ENT					Laui	CI					1111		eorge
Sec	Ä	10a. STATE 10b	COUNTY				10c. CIT	Y, TOWN O	R LOCA	ATION					1.0	10d. INSIDE CITY LIMITS?
±.	FUNERAL DIR	Maryland Pr		Lau	rel							1	1 YES 2 NO			
physician. burial-transit permit. Pages 1,		10e. STREET AND NUMBER								of, ZIP COD				10g. CIT		HAT COUNTRY?
in. ansit		111 Irving St							_	20707				<u></u>		S.A.
ysicia nial-tı	5	11. MARITAL STATUS  1 Never Married 2 X Marr		12. WAS DECEDEN FORCES? 1	T EVER I	N U.S. ARI	MED	1.0	f yes, s	pecify Cubi	en, Mexica	NIC ORIGIN?		or No	14. RACE Black,	— American Indian, White, etc.
he by	B≺	3 Widowed 4 Divorced		IF YES, GIVE V	WAR OR D	ATES		1	YE	S 2 X NO	Specify	y:			Specif	White
tending as the	ED	15. DECEDEN	IT'S EDUCA	TION		16a. DE	CEDENT'S	USUAL O	CCUPAT	ION		16b. I	UND OF BUS	INESS/INC	DUSTRY	***************************************
spital or att	<b>1</b>	(Specify only high Elementary/Secondary (0-12)	nest grade co	College (1-4 or 5	+)	(GI	ve kind of Do NOT u	work done ( se retired.)	during m	nost of worki	ing					
	릴	Grade 12				Hou	seke	eper				St	ate o	f Man	rylan	nd
detach once.	COMPL	17. FATHER'S NAME (First, Middle,	Last)							16. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
4 P P	ш	John Pressley								Pau	line	:				
5 should	TO B	19a. INFORMANT'S NAME (Type/P	Print)			198						Route Numbe				
ay be re page 5	-	Warren Beckwi	<u>th</u>			1						urel,				
ector, pa		20g METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3	☐ Remov	rel from State		other pla	ece)			emetery, cre					City or Ton	
ige 6 direct		4 Donation 5 Other (Spe			_   M	eado	wrid			rial			Dor	sey,	Mary	'Land
after death. Page 6 m. by the funeral director, imoval.		21. SIGNATURE OF FUNERAL SE	RVICE LICE	MSEE //									Home.	P.A		
or deal		Donaldson Funeral Ho 313 Talbott Ave. Lau  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mpde of dying, such as cerdisc of											aurel	. Ma	rylar	nd 20707
ours after of in by the or removal.		ahock, or heart						not enter	the m	ode of dy	ying, suc	h aa cerdi	ec or reap	ratory ar	rest,	Approximate interval Betwee Onset and Deal
filled in tion, or med		IMMEDIATE CAUSE (Final disease or condition		(Perci	n M	13	nR	Lova	30 f	1/10	. 6	1.	1.6.	10. 24	1 has	
completely fill ial, cremation: event, the		resulting in death)	4	DUE TO	OR AS	A CONSE	DUENCE C	OF):	25 )	1//	(028)	MIC	70 50	111. 000	1 0101	
nd com burial, c	2															
e be execut siclan and c nior to buni traumatic	CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS	A CONSE	DUENCE C	OF):								
physician ne prior t	8	cause. Enter UNDERLYING CAUSE (Disease or injury	4 .													
neing phy Hygiene p	틸	that initiated events resulting in death) LAST		DUE TO	OR AS	A CONSE	QUENCE C	OF):								6 0
eath certification in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the seco	Ä	resorting in death) EAST	d.													-1
the deat	2	PART II. Other algorificent of	onditione	contributing to	death	but not i	esuiting	in the ur	nderiyi	ing ceuse	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDING
that the	-0												PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
nires	唱															1 YES 2 NO
BOL'H	JE /											_				
he is	2	25. WAS CASE REFERRED TO MI	_							PLACE OF	DEATH (C	heck only one	)			
Sician: The certificate h the State d, or Item	SIC	1 YES 2 NO		HOSPITAL:	□ ER/Out	tpatient 3	□ DOA	4 Nu		ome 5	r Residence	6 🗆 Other	(Specify)			
this certif with the	PHY	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)		28b. Til	ME OF	28c. II	NJURY AT		28d. DE\$	CRIBE HOW	NJURY O	CURED	
NG PHYS frer this c eath with marked,	BY	1 Natural 5 Pen	ding stigation					М	1 [	YES 2	□ NO					
D A D W		3 Suicide 8 Cou		28e. PLACE building	OF INJUR		me, farm,	street, fac	tory, of	fice			PCATION (Street and Number or Rural Route Number, y or Town, State)			loute Number,
ATTEN ECTOR: rs after n 28 l	ETE	4 Homicide dete	rmined									1				
AL DR AL AL DIREC 72 hours If Item	2	29a, CERTIFIER 1 CERTIFY	NO PHYSIC	AAN: To the best of	of my kno	wledge, d	eath occur	rred at the	time, de	eta and plac	ce, and du	a to the cau	ee(a) and ma	nner as et	ated.	
HOSPITAL FUNERAL within 72 TANT: #	COMPL	2 MEDICAL	EXAMINER	: On the basis of	examinati	on and/or	Investigat	ion, in my	opinion	, death occ	ured at the	e time, deta	and place, a	nd due to	the cause(s	s) and menner as stated.
E HO	ш	29b. SIGNATURE AND TITLE OF	CERTIFIER		1					29c. Li	CENSE NU	MBER		29d. DA	TE SIONED	(Month, Day, Year)
TO THE HOSPI TO THE FUNER THE FUNER THE MATHIN	00	Man	Col	aust	n		m	>			1)00	1342			2-	1-93
	유	M. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CA	USE OF D	EATH (ITE	M 27) (7yr	oe, Print)	/				7		0.1	
7		Charles	6	1841	or	m	9	21	n	.11	1 You	12	Dr	Ve	, WI	unter (m)
1		31. DATE FILED (Month, Day, Year	)	32. REGISTE	AR'S SIG	Hand	000									
i/	1 1	FFR 0 2 '93		The way would	I comes											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

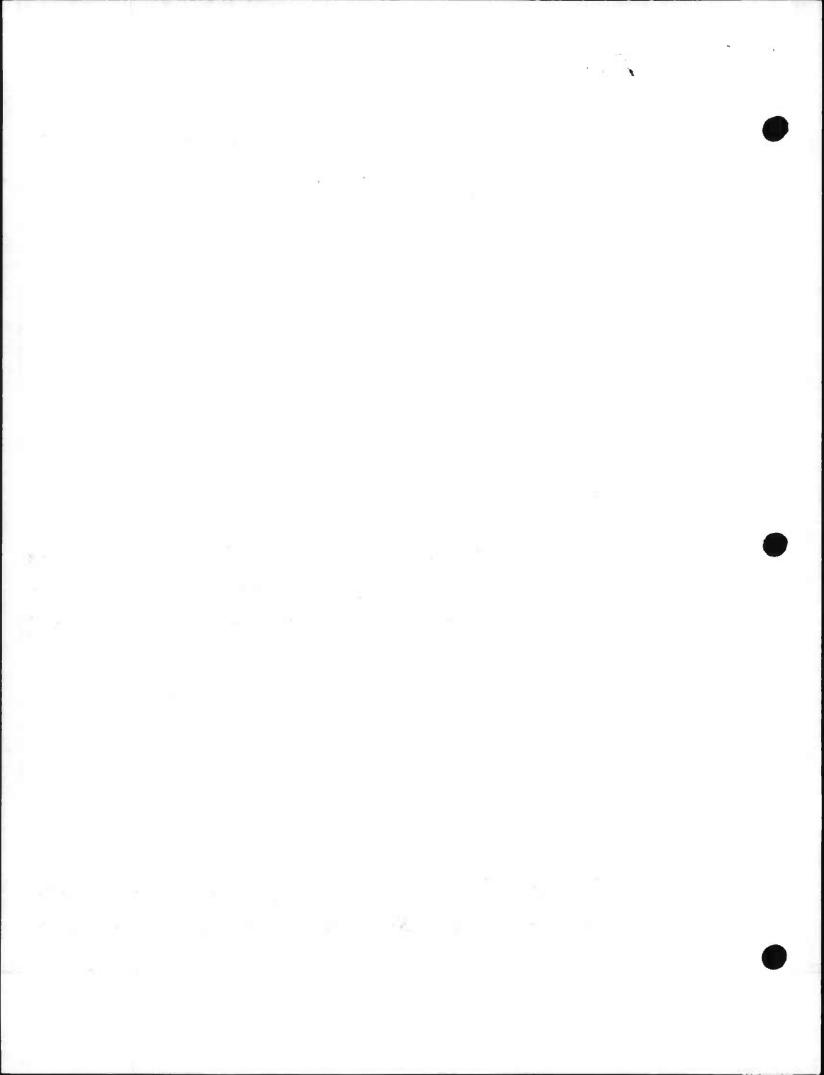
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN		CE	NIII	CAIE	IF DEA	!п	REG	a. NO.			
- 0	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE			3. TIME OF DEATH	
. 1	FI FI	MMA ELIZAE	ETH BRO	OMAT.	Γ.			MONTH	1 29 1993 4-31 PM			
	4. SOCIAL SECURITY NUMBER	Y	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR   IF UNDER 24 HRS.					7. DATE OF BIR	TH	I a pierry	ON A COE / Charter and Countries	
	217 00 2566			1404		S HOURS	MIN.	March 3	tear)	Countr	BIRTHPLACE (State or Foreign Country)	
1 1	217 - 80 - 2566	79	THS.				March 3	1,1913	New	Jersey		
- 3	Sa. FACILITY NAME (If not institution, give :	street and number)	- 1	9b. CITY, TOY	YN OR LOCATI	ON OF D	EATH	9c. C0	UNTY OF D	EATH		
၂ ၂	Greater Laurel Be	Hospi ta	1 ł	Laure	1			Pr	ince	George		
DIRECTOR	RESIDENCE OF DECEDENT								1 1 1	IIICC	deorge	
W.	10a. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
<u></u>	Maryland Howar	rd		Lau	rel					1	LIMITS?	
	10e, STREET AND NUMBER		_ Dad	1	10f. ZIP COD	E		140- 0	TITEN OF W	WHAT COUNTRY?		
FUNERAL	0310 M- 1!				11,000 - 100			10g. C				
뿌	9310 Madison Ave	nue				_20723	3			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARN	ED	13. WAS	DECENDENT C	F HISPAI	NIC ORIGIN? (Spec	tfy Yes or No-	14. RACE	- American Indian,	
	1 Never Married 2 Married	IF YES, GIVE WA	OR DATES	,	1 🗆	YES 2 X NO	n, Mexica Specif	an, Puerto Rican, e	(C.)	Speck	t, White, etc.	
B	3 Widowed 4 Divorced	1				44				-	White	
요	15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S (	ISUAL OCCUP	ATION		16b. KINO (	OF BUSINESS/II	NDUSTRY		
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of w Do NOT use	ork done during retired.)	most of working	ng .					
1 2 1	Grade 12	College (I-4 or 5+)	Цол	sewi:	F.0			Hama				
₹		<del></del>	nou	SEWI.	Le			Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, A				
BE	Warren M. Pratt					Abi	gail	l Wicker	sham			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILINO.	ADDRESS (Str			Route Number, City		Zip Code)		
인	Nancy Castle							laurel,			0722	
	20a, METHOD OF DISPOSITION		20b. PLACE AI				iue,					
	1 Burial 2 Cremation 3 Rem	oval from State	cometery, crem Fort L	etory or oth	er place).	(rvame or			9c. LOCATION -			
	4 Donation 5 Other (Specify)		Fort L	inco.					rentwo	od, M	aryland	
	21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE ///			22. NAM	22. NAME AND ADDRESS OF FACILITY						
	Delilett Sur	& Lelle			DOL	Donaldson Funeral Home, P.A			Α.			
$\vdash$	313 Talbott Ave. Laurel, Maryland 20707											
	ahock, or heart failure.	List only one cause	aused the dee	th. Do no	ot enter the	mode of dy	ing, suc	ch aa cardiac or	respiratory a	rrest,	Approximate interval Between	
1	IMMEDIATE CAUSE (Final	CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR O									Onset and Death	
1	disease or condition	<4	1	× .4 .							1. och	
	resulting in death)	DUE TO (C	R AS A CONSECU	AS A CONSEQUENCE OF							weeks	
	l contact	51.		D		0		-			ρ.	
o l	Sequentially list conditions,	· LU	now	wi	5- 1	ne	00	- All			weeks	
Ě	if any, leading to immediate	Carto	AS A CONSEQU	PENCE OF	-0.	.00	1.				A-	
2	CAUSE (Disease or Injury	e ce	right	( 4	nen	illo	T	en			Greeks	
쁜	that initiated events	DUE TO (O	R AS A CONSECU	ENCE OF	1							
1	resulting in death) LAST	et.										
EDICAL CERTIFICATION		10.0										
A	PART II. Other significent condition	s contributing to d	eth but not re	but not resulting in the underlying cause given					AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
일								PERFOR		-	COMPLETION OF CAUSE	
								_   '''	2 - 10		OF DEATH?	
Σ								1		1	1 TES 2 NO	
PHYSICIAN:												
충	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Ch	neck only one)				
S	t ☐ YES 2 ☐ NO	1 - Imputient 2   1	R/Outpatient 3		OTHER: 4   Nursing	lome 5 🗆 Re	sidence	6 Other (Specia				
£	27. MANNER OF DEATH	26s. DATE OF IN		28b. TIME	OF 28c.	INJURY AT		28d. DESCRIBE	HOW INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day,	Year)	INJU		WORK?	T MO					
BY	2 Accident Investigation	200 PH ACE OF	N H IPPM AA A				_ NO					
O.	3 Suicide 6 Could not be 4 Homicide determined	building, et	NJURY — At hom :. (Specify)	e, farm, st	reet, factory, e	ffice		28f. LOCATION ( City or Town,	Street and Numb , State)	er or Rural R	loute Number,	
COMPLETED	Tomoto Germana				_							
21	29a. CERTIFIER (Check only	ICIAN: To the best of m	knowledge, deal	h occurred	at the time.	late and place	and due	to the cause(s) as	nd menner se e	etad		
Σ	one) 2 MEDICAL EXAMINE										Contacts Contac	
8					, in my opinio	ii, deatii occoi	an at the	rime, data and pia	ice, and due to	me cadee(a	) and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CENTIFIE	12 1				29c. LICI	ENSE NUI	MBER	29d. D/	TE SIGNED	(Month, Day, Year)	
8	11/004	celu	7			101	68	8 M	) Pe	+ANI	30,1993	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF OEATH (ITEM	27) (Тура,	Print)			9		- : (1)		
	BRUCE Ist.	CATTI	111	FRO	3 Cu	TRY	10.	15 1 A	110.00	12)	2 - 2 4 2	
	William William	32, REGISTRAR	S SIGNATURE	20	5 572	7(70.7	V17	ic, how	/K-CC	191	, 2010/	
- 1	31. DATE FILED (Month, Day, Year)											
l	31. DATE FILED (Month, Day, Year) FFR 0 2 102	SZ. HEGISTHAN	SIGNATURE -								1	



DHMH-16 Rev 1/89

DIVISION OF VITAKRECORDS, P.O. BOX 68760,

1 by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. hours after death. Page 6 may be retained by the hospital or attending physician. notified at once. 90 must examiner medical filled in by completely filled rial, cremation, o # traumatic event, or other any Injury, Het HOSPITAL OR ATTENDING PHYSICIAN: 6 marked, DIRECTOR: After the hours after death w FUNERAL I IMPORTANT: If THE 223

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE JANE BRIDGE CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR BETTY 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BRIDBE JANE 9.25 4. SOCIAL SECURITY NUMBER 4 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 233-76-7026 4-13-1946 46 Offic 1 M 2 X F 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR SO MANY/AND So. PAINCE DITAL BEONLES 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Charles Maryland Waldorf 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 812 Belfast Road 20602 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married XX Married В White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
This kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Calculus Insurance 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lloyd Delbert Huff Maxine Spiker BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Edward Donald Bridge 812 Belfast Road, Waldorf, Md. 20602 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE HUNTT Crematory or other place) Waldorf, Md. 20601 2-6-93 21. SIGNATURE OF FUNERAL SERVICE LICENSET Brohawn 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home 0. box 156, Waldorf, Md. 20602 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA te 5 🗆 Residence 6 🗆 Other (Specify) 4 🗌 Nun 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural ΒY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER

IChack aniv

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, der occured at the time, date and place, and due to the cause(e) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE lecaden 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mo 20748 Moka 44.67 Ana MMAD ghan 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson-Randa 08 **FFB** 

\* -- 11 1 s

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Catheri	ine A.	Bayna	ırd	2. DATE OF DEATH MONTH DAY	YEAR	TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	01 2	26 93	2:50 P M					
	219-05-9594	1 🗆 M 2 💢 F	76 YRS.	Frank	ford, DE							
R	90. FACILITY NAME (If not institution, give a Berlin Nursing & Reh	Mreet end number) abilitation Cer.	iter	96. CITY, TOWN OR LOCATION OF Berlin, Maryl		WORCEST						
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT						od. INSIDE CITY					
DIRECTOR	Delaware Sus			ankford								
FUNERAL	R.D. 3 Box 160	(DuPont High	way)	101. ZIP CODE 19945		USA	IT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexic 1 — YES 2 — NO Specify Cuban, Mexic	can, Puerto Rican, etc.)	or No— 14. RACE — Black, V Specify:	American Indian, White, atc.					
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18e. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSIN	VESS/INDUSTRY						
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Homemal	work done during most of working se retired.)	None							
S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Malden Su	ırname)						
BE	L. Green Shockle  19a. INFORMANT'S NAME (Type/Print)	У	105 14411 1915		eth Steen							
2	David A. Howell		Rt. 3	ADDRESS (Street and Number or Bura, Box 129, Frank	ford, Delawa	are 19945						
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	b. PLACE AND DATE imetery, cremetory or cases of Red	of disposition (Name of their place) men Memorial Cemete	oate 20c. Loca ry 1/31/93 Dag	stion — city or Town, gsboro, Dela	s <sub>ime</sub> lware					
	21. SIGNATURE OF FUNERAL SERVICE EN	M.O.)		22 MELSON FUNE	KALT SERVICES	, LTD.						
-	FRANKFORD, DELAWARE 19945  23. PART I. Enter the discress, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory srrest,   Approximate											
	23. PART I Enter the discress, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,	b. Com	A CONSEQUENCE O	Cuter, &	reace							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. /12	Marin A CONSEQUENCE OF	sileus	2							
ERTI	that initiated events resulting in death) LAST	4	24									
	PART II. Other algnificent condition	ns contributing to deeth	but not resulting	in the underlying cause given in	Part I. 24e. WAS AN AU	JTOPSY 24b. WI	RE AUTOPSY FINDINGS					
S	CUM.	MASIN	·l-		PERFORME	ED? AM	AILABLE PRIOR TO EMPLETION DF CAUSE					
PHYSICIAN: MEDICAL	pinil	FIGAL	who	Chronic		or or	OEATH?					
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF OEATH (C	heck only one)							
YSK	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	tpatient 3 DOA	OTHER: 4 № Nursing Home 5 ☐ Residence	8 Other (Specify)							
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJURY AT WORK?  M 1  YES 2 NO	28d. DEŞCRIBE HOW INJU	URY OCCURED						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, secify)	At home, ferm, street, factory, office 28t. LOCATION (Street and Number or Burn)								
COMPLETED	29a. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner se attated.											
	one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	e time, date end place, end d										
TO BE	100	222	$\supset$	29c. LICENSE NU DO 20		▶ 1-27	rith, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WH Federico G. A			ean Pines, Berl:	in, MD 21811		/					
6	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGI										
	FFB 0 2 1993	gelia Lavidson	-yandell									

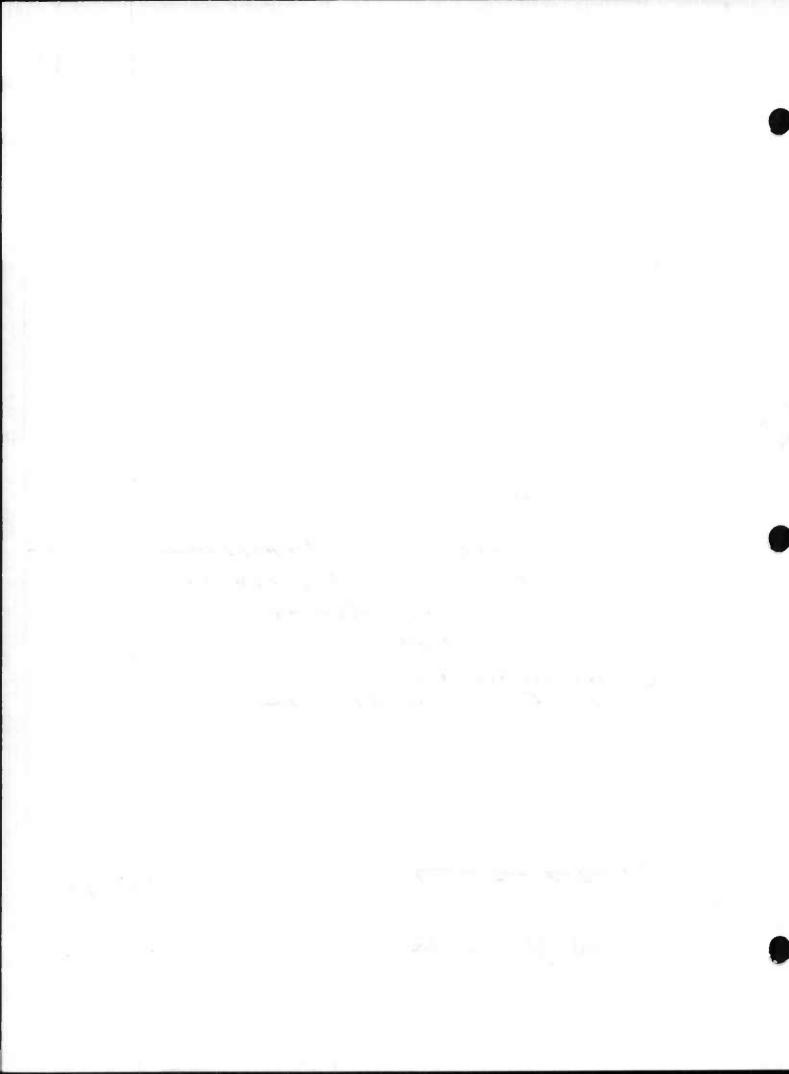
led to detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 18 months are signed by the attending physician and completely filled in by the tuning directions are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

YLAND 21215-0020

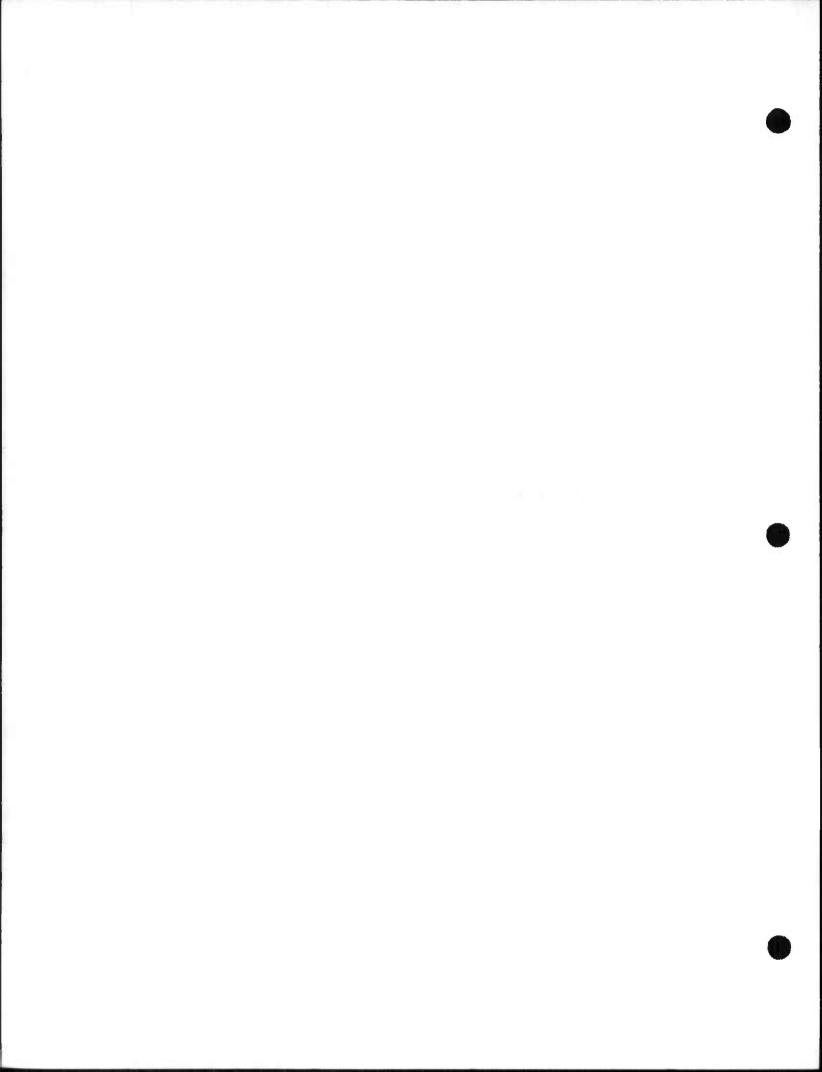
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING P. INSTITUTE IN requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital (	TO THE FUNERAL DIRECTOR: After the centrics has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	In the state Cert. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PRYSK	TO THE FUNERAL DIRECTOR: After the or	be filed within 72 hours after death with it	IMPORTANT: If Item 28 is marked,

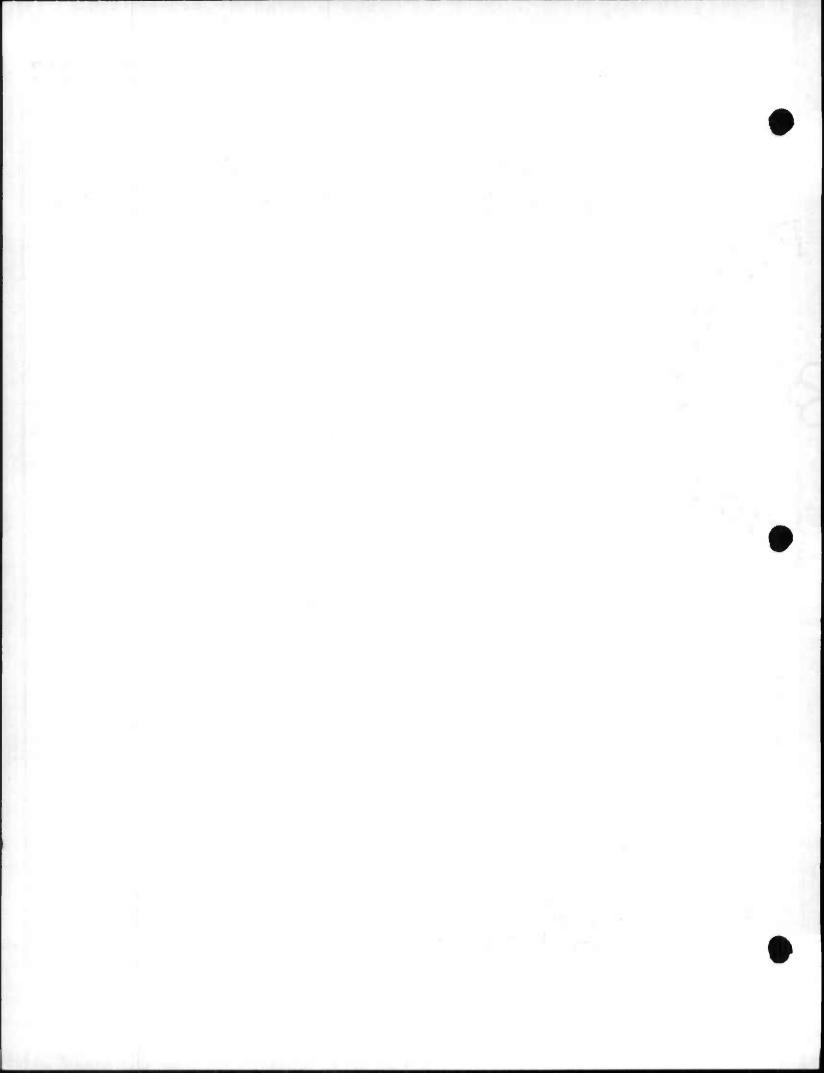
	1 - FOR STATE OF MARYLAND / C	DEPARTM			MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last)	_			2. DATE OF DEATH			3. TIME OF DEATH			
j	Raymond Peter	R	ran	lu l	January	29 1	YEAR	D23.5" "			
ł	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let	st birthday) IF	UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign			
i	152-03-7411 152 № 2 🗆 🕫 80	YRS.	ITHS DAYS	HOURS MIN.	(Month, Day, Year 05/ 29/		Count	ew Jersey			
ŀ	9e. FACILITY NAME (If not institution, give street end number)	9b.	CITY, TOWN O	R LOCATION OF DE			JNTY OF I				
<u>۳</u>	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?			
<u>a</u>	Maryland Worcester	Ber						1 □ YES 2 🔀 100			
FUNERAL	100. STREET AND NUMBER		101.	ZIP CODE				WNAT COUNTRY?			
	11003 Grays Corner Rd. Lot 33			21811			SA				
5	11. MARITAL STATUS  1 □ Never Merried 2 ☑ Merried  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 □ YES 2 ☑	NO NO	It yes, spe	city Cuben, Mexican	IC ORIGIN? (Specify n, Puerto Ricen, etc.)		Blac	E — American Indian, ck, White, atc.			
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify.			Spec	white			
	15. DECEDENT'S EDUCATION 18a. DI	ECEDENT'S USL	IAL OCCUPATIO	N	16b. KIND OF	BUSINESS/IN	IDUSTRY				
	(Specify only highest grade completed) (C  Elementary/Secondary (0-12) College (1-4 or 5 +)	give kind of work a. Do NOT use re	done during mos tired.)	it of working							
릴	11 1 en	gineer			Met	al fal	orica	ation			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Mai						
BE (	Thomas (unk) Brady			Nelli	e A. Fly	nn					
2					loute Number, City or			2.1.1			
-					., Berli						
	1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removal from State other p	ilaca)		netery, crematory or		LOCATION -					
	4 Donetion 5 Other (Specify). Sali.	sbury (		TY D ADDRESS OF FAC		Salis	oury.	, Ma.			
- 1					ral Home						
	1 / Haller	2/	501 S	now Hill	Rd., Sa	lisbu	ry, N	1d. 21801			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each light	Do not	antar tha mo	da of dylng, such	h sa cardiac or n	spiratory s	rrest,	Approximate Interval Batween			
	IMMEDIATE CAUSE (Final	7 /	2					Onset and Death			
	disease or condition a. Keval f	HILYF	· Le					LINK			
	QUE TO (OR AS A CONSE	OCC 14	· · · /					1/ 25			
NO	Sequentially list conditions, b. DUE TO (OR AS A CONSI		8702					(OMO)			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	7-6	R/SC	VI				Venrs			
윤	CAUSE (Disease or Injury that initiated evanta	EOUENCE OF):	7 7 7					1/			
E	resulting in death) LAST							ļ			
빙	0.										
A	PART II. Other algnificant conditions contributing to death but not	resulting in t	he underlying	cause given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICA					1 YE	S 2 NO		OF DEATH?			
Z						1		1 YES 2 NO			
ÿ	,										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	_ 0	THER:	ACE OF DEATH (Ch							
ΥS	1 YES 2 NO 1 Department 2 ER/Outpatient 27. MANNER OF DEATH 286. DATE OF INJURY	28b. TIME O	-		5 Other (Specify) 28d. DESCRIBE H	W IN HIRV C	CCUBED				
	Natural 5 Pending (Month, Day, Year)	INJUR	Y WO	RK?	200. DESCRIBE IN	ow industry C	CCORED				
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At h	ome, farm, atre			251. LOCATION (St	reat and Numb	per or Rure.	I Route Number.			
E	3 Suicide 8 Could not be building, etc. (Specify) 4 Homicide determined		,		City or Town, S	itate)					
	29e. CERTIFIER 1 CERTIEVING PHYSICIAN: To the best of my inclining, of	445									
COMPLETED	(Check only one) 2 MEDICAL EXAMENER: On the best of my							o(a) and manner on stated.			
8	29b, SIGNATUBE AND TITLE OF CERTIFIER		,		and the second second			- 110-07-30-07-11			
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5	39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Time Dr	(nt)	00740			1/4	,,,,,			
				i obver	MA 2100	1					
In	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	TOTT DE	., sal	isbury,	riu. 2180	1					
10	FFR 0 1 1993 Ashia Davidson Rond	482									
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BALTIMORE, MARYLAND 21215-0020

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FM AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ALCIAN THE SECURE that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	comments the presented by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
F. MEAL RECORDS, P.O. BOX 68760,	NOAN The an executed that the death certificate be executed within 24	completely fill	The State Deat of Health and Mental Hygiene prior to burlal, cremation, or removal.	PORTANT: If Item 28 is marked, without 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After the	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked.
	1	2	)	

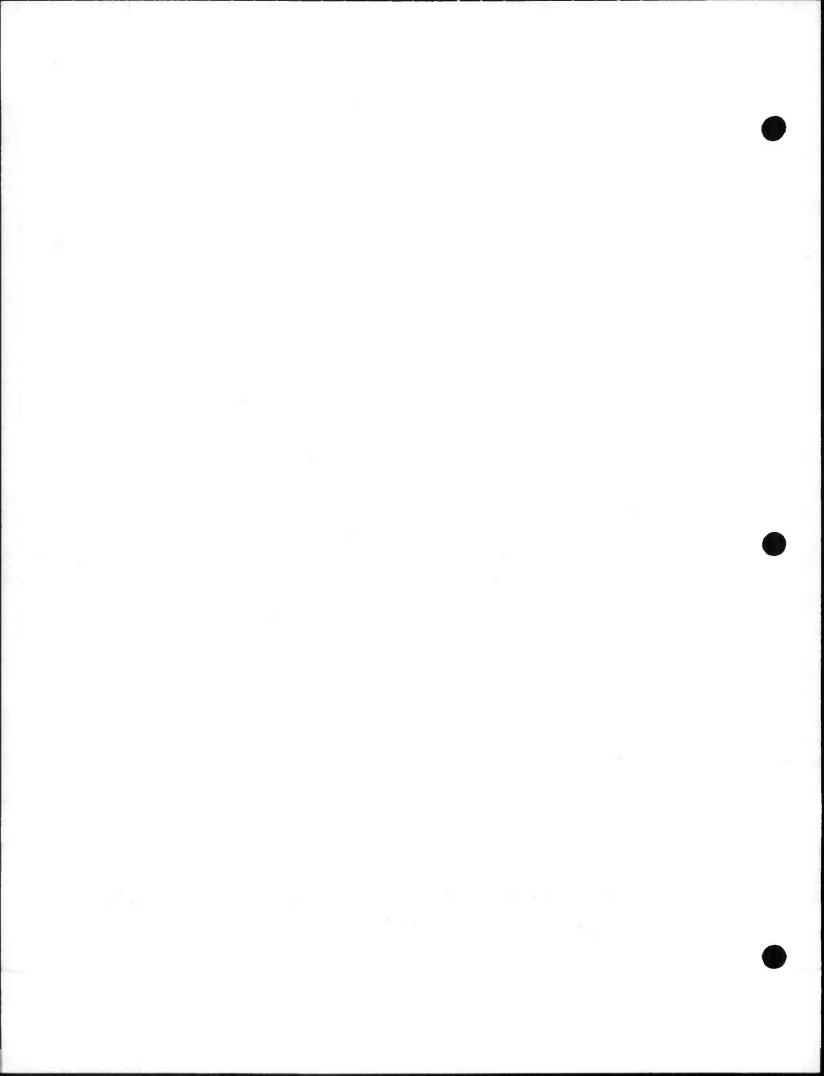
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE REG. NO		00012
	1. DECEDENT'S NAME (First, Middle, Last)	-	015	C-0		2. DATE OF DEATH	DAY .	3. TIME OF DEATH
	EVE	E 1.	SAF	FOR	D	MONTH 2	4 9	75 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	. 0.	. BIRTHPLACE (State or Foreign
	216-22-2945	1 🗆 M 2 💢 F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Pay, Year)	26 M	(aryland
	9a. FACILITY NAME (If not institution, give a	treet and number)	, ,	9b. CITY, TOWN C	OR LOCATION OF D	EATH		Y OF OEATN
8	North Ar	undel 1	405p	Glen	Bus	WIE	1	AA
DIRECTOR	RESIDENCE OF DECEDENT			17,0.0		7,0,0		
E	10a. STATE 10b. COUNT			, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		Arundel	Seve	rna Par				1 TES 2 NO
₹	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	613 Mc Kin Way			2	21146		U.S.	Α.
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOENT EVER II FORCES? 1 YES		13. WAS DEC	ENCENT OF NISPA	NIC ORIGIN? (Specify Y	es or No- 14	I. RACE — American Indian, Black, White, etc.
BY	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D		1 TYES	2 NO Speci	γ:		Specify:
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1	(Specify only highest grade	completed)	16a. OECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo	ON ist of working	16b, KIND OF B	USINESS/INDUS	STRY
1	Grade 12	College (1-4 or 5+)	Hostess	,		Doct 3		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		noscess			Restau		
	John Pitcher					AME (First, Middle, Maide	n Sumame)	
BE	190. INFORMANT'S NAME (Type/Print)		The same of the same of		Amy Ell			
2		- \				Route Number, City or To		
1	Danny Bafford (son					riangle V		
	1 X Buriel 2 ☐ Cremation 3 ☐ Ram	oval from State 20b	PLACE AND DATE Of the letery, cremetory or other COOMES IS	F DISPOSITION (Na her place)	nme of	DATE 20c. L		y or Town, State
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIX		coomes Is				omes I	sland, MD.
	21. SIGNATORE OF FORERAL SERVICE EN	ÆN3EE		Rausci	h Funera	vauty 1 Home, 44	105 Bro	omes Isl. Rd.
	bkan	00				, Maryland		
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the death. Do n					
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF	);	spirat	ory to	કાર્યકા	interval Between Onset and Death
甘	PART II. Other algnificent condition	s contributing to death b	ut not reaulting is	the underlying	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 🗆 YES	2 NO	OF DEATH?
Σ				<del></del>		—		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DECEM			
[ I	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
≥	27. MANNER OF DEATH	1 Inpetient 2 KER/Outp				8 Other (Specify)		
	1 Natural 8 Pending	(Month, Day, Year)	28b. TIME	JRY WO	RK?	28d. DEŞCRIBE NOW	INJURY OCCUP	RED
B	2 Accident Investigation				rES 2 NO			
<u>a</u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st :ify)	reet, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETE		CIAN: To the best of my knowless. On the basis of examination						iause(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIES		0	./	29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	Milliants	austo		uxy	100	054	12	14/93
F	30. NAME AND ADDRESS OF PERSON WH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SIMO	Print) P.	0,03	0000	3	20711
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ed by the hospital or attending physician. with be detached for use as the burial-transit permit. Pages 1, 2, 3 should RYLAND 21215-0020

LAI v deta	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The results of the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be detached to filled within 72 hours after death with the farmed and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 thours any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND	MENTAI	HYGIEN		J	13813
	REGISTRAR				ICATE					REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  MYRTLE MAE	BENDA	A						2. DATE MONTI	OF DEATH DA	1993	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDE		7. DATE	OF BIRTH	1	BIRTHPLA	CE (State or Foreign
7/	214-05-0590	1 🗆 M 2 💢	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Montt	07.19	12 1	North	Carolina
	Se. FACILITY NAME (If not institution, give st	•			9b. CITY	TOWN C	R LOCATI	ON OF D	EATH		-	Y OF DEAT	
TOR	Anne Arundel Med:	ical Cent	ter		<u> </u>	Ann	apol	is			Ann	e Aru	ndel
DIRECTOR	MD 106. COUNTY Anne	Arundel		10c. CIT	Anr	napo			10d, INSIGE CITY LIMITS?				
	10e. STREET AND NUMBER					-	. ZIP COD	E			10a, CITIZE		YES 2 NO
E	312 Edgemere Dr:	ive						2140	3				tates
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  XXX/Yldowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 4	40	- 1 3	f yes, sp		n, Mexica	ın, Puerto i	17 (Specify Yes Rican, etc.)	or No- 1	Black, W	American Indian, hite, etc.
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL Of	CCUPATIO	ON et of worki		16b.	KIND OF BUS	SINESS/INDU	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	se retired.)	ourny mo	SI OF WORK	ng .					
COMPLETED	8		Hom	emak	er					Н	ome		
8	17. FATHER'S NAME (First, Middle, Last)									Viddle, Maiden	Sumame)		
BE	B. Alfred Malpas	S							e Hot				
2	19a. INFORMANT'S NAME (Type/Print)		19							ber, City or Town			
	Joan Barksdale							ive	_	apolis	,		
	1 Donation 5 Qther (Specify)	oval from State	20b. PLACE	matory pr	of DISPOS	ITION (Na	meot oal ⊂	Samri	OAT	20c. LO	CATION - CI	ty or Town,	cia, VA
	21. SIGNATURE OF PUMERAL SERVICE LIC	ENSEE	TACOL OF	OTIC	22.	NAME A	ID ADDINE	BS OF FA	CILITY	Taylor	Tuno	mallu.	Jan va
- 6	1 Pressi	2000	~		_ 7	17 т	nike	of (	170110	ray tor	S+ A	nnend	ome MD
	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
	snock, or neart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition	0.		F	0.							Onset and Death	
	resulting in death)	DUE TO	OR AS ACONSE	QUENCE O	F):	w	<u></u>						SUAYS
	_	A	cute	0 4	116								
흔	Sequentially list conditions, if any, leading to immediate	DUE 10	(OR AS A CONSE	QUENCE O									
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	A	MANDE	Hon	- 1	me	un	uni	$\pi$				
띹	that initiated events resulting in death) LAST	DUE TO	OH AS A CONSE	QUENCE O	দ:								
CERTIFICATION	resulting in death) EAST	4											
	PART II. Other significant condition	s contributing to	death but not r	esuiting	in the un	derlying	cause	given in	Part i.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
3										PERFOR	1	CO	MILABLE PRIOR TO MPLETION OF CAUSE
層										1 11 123 2	- Amo		DEATH?  YES 2 NO
E									_ [			1	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOERITA					ACE OF D	EATH (Ch	eck only on	e)		_	
S	1 TYES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		o 5 □ R	sidence	8 🗆 Othe	r (Specify)			
PH	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY Wy, Year)	28b. TM	E OF JURY	28c. INJ WO	URY AT		28d. DES	CRIBE HOW II	NJURY OCCU	REO	
BY	1 Natural 5 Pending 2 Accident Investigation				M		rES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY At ho etc. (Specify)	me, ferm,	street, fact	ory, offic	•		28f. LOC. City	ATION (Street of Town, State)	ind Number or	Rural Route	Number,
E							_						
COMPLETED	(Check only one)												
Ö	2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or	Investigation	on, in my o	pinlon, d	eath occu	red at the	time, dete	and place, an	d due to the	cause(s) an	d manner ee stated.
BE (	296. SIGNATURE AND TULE OF CERTIFIER	> 0	/				29c. LIC	ENSE NUI	WBER	1- 1	29d. DATE	SIGNED (M	onth, Day, Year)
10	Mitefull	(. ) u	wax	-			15 (	,07	408	124	7	- 3	73
	30. NAME AND ADDRESS OF PERSON WHO	T ST	C	ULY	, Print)	227		A	1/11/4	4101	Z	WV	1
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	A'S SIGNATURE	1,00				W 1.	-700	/	- 0 1		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE ADMINISTRATION OF THE DESTRICATE DE EXECUTED WITHIN 24 HOURS After Death. Page 6 may be retained by the hospital or attendit	TO THE FUNERAL DIRECTOR: After this certification as been upone by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to find which the first detached to use as to find which the first detached to use as to find which the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as to find the first detached to use as	We may write it from a site location in the second may be second in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
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PHYSICIAN: MEDICAL CERTIFICATION

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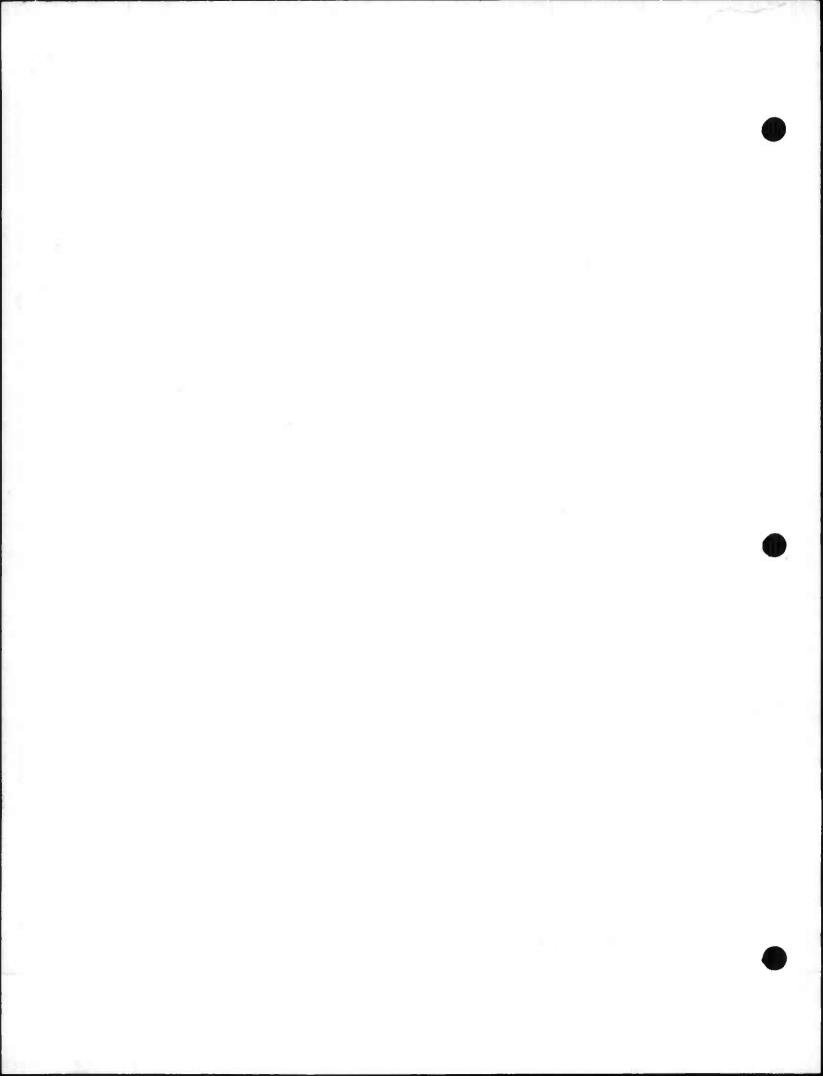
E AND ADDRESS OF HERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEAUSTRAN'S SIGNATURE SINGLES

CEZ

93 03814 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR MARY JOSEPHINE BURCH FEB. 1993 05 7:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Your Feb. 03 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2/5 DAYS HOURS 212-18-0966 79 1914 Ireland 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Annapolis 1 TES 2 NHO FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1015 Mastline Drive 21401 United States 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, 1 YES 2 X 10 Specify: 1 Never Married 2 Married B∀ 3 Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph Kennedy Helen Jennings BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6801 Pineway University Park, Maryland 20782 Mary J. Holland 20s. METHOD OF DISPOSITION

| Burlel 2/4 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cametery, crematory or other place. Ft. Lincoln Crematory 02-08-93 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, 23. PART i Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) MOUVYONIG Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OPD PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? ROSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) npatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, de-29d. DATE SIGNED (Month, Day, Year) WIN 60

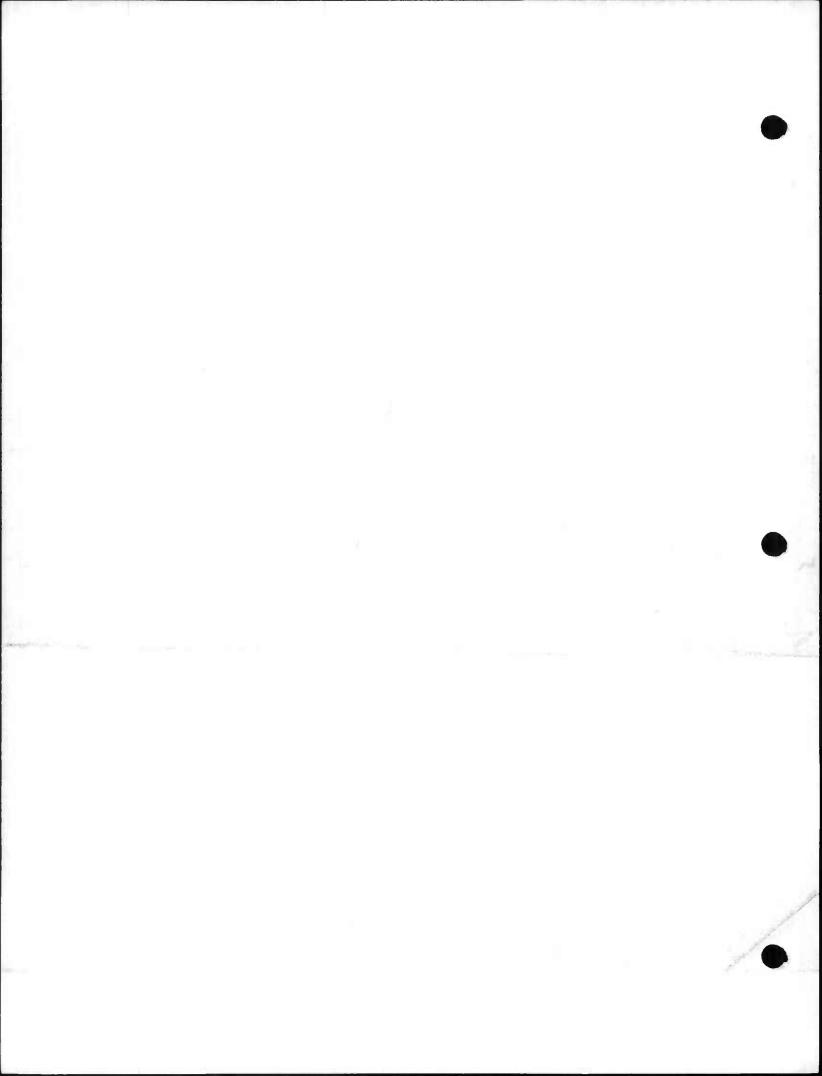


BOX 68760, BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires to refer the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been supported by the market of physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin Estate Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. or Hern and the State Dept. Or Hern and t	MPORTANT: If item 28 is marked, or item 23 shown may injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS; P.O. BOX 68760,	quires true derin certificate be executed w	Here to the cheming physician and comp	ows toy injury, or other traumatic eve
DIVISION OF VITAL RE	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law 1943	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the care of physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Hermann House prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or Item 23 sho

	FOR	OTATE OF MADVA						33 03815				
	1 - STATE REGISTRAR	STATE OF MARYL		TIMENT OF I		) MENTAL HYGIE REG. N						
8	1. DECEDENT'S NAME (First, Middle, Last) FRANK BROW	FRANKLIN	BROWN, S	R.		2. DATE OF DEATH MONTH		2. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Country) MARYLAND				
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF			Y OF DEATH				
DIRECTOR	ANNE ARUNDEL MED.	ICAL CENTER		ANNAPO	LIS		ANNI	E ARUNDEL				
DIRE	MARYLAND ANNE AI	RÜNDEL		NOLD	TION			10d. INSIDE CITY LIMITS?  1 YES 2 NO				
	100. STREET AND NUMBER 51 E. JOYCE LANE			2.5	1. ZIP CODE 1012			N OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT SVER II FORCES? 1 2 YES IF YES, GIVE WAR OR D.		13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN? (Specify Y ticen, Puerto Ricen, etc.) solly:	- 1-	Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	FION mpleted) College (1-4 or 5+)	(Give kind of life, Do NOT u	B USUAL OCCUPATE work done during me see retired.)	ON ist of working	18b. KIND OF B						
BE COM	17. FATHER'S NAME (First, Middle, Last)  JAMES R. BROWN					NAME (First, Middle, Maide JISE GRIFFI						
10	190. INFORMANT'S NAME (Type/Print) FRANKLIN BROWN, JR	•				RNOLD, MD.		ode)				
	20a. METHOD OF DISPOSITION  1 XSurial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)			OF DISPOSITION (N.				y or Town, State				
	A   Donation   5   Other (Specify)   MT. CALVARY CHURCH CEMETERY   2/10/93 ARNOLD, MD.    Signature of funeral service licensee   22. Name and address of facility   REFSE ST ST. ANNAPOLIS, P.A. 21401											
	23. PART I. Enter the diseases/or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fejlure. List only one cause on each line.											
	immediate cause (Final disease or condition											
CERTIFICATION	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significent conditions	contributing to death b	ut not resulting	in the underlyin	g ceuse given		N ALTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:		HOSPITAL:	entired 2 1 BA	OTHER:	ACE OF DEATH	I I I BEEL IN 19						
	1 VES 2 NO 1 Manuel 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending  Month, Dey, Year)  28. DATE OF INJURY WORK?  Month, Dey, Year)  28. DATE OF INJURY WORK?  MONTH 1 YES 2 NO											
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	Rural Route Number,									
COMPLET		IN: To the best of my know						cause(e) and manner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE I		29d. DATE 5	NGNED (Morth, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)								

32. REGISTRAR'S SIGNATURE Andalls
Julia Davidson Andalls

FER 1 1 1993



TO BE COMPLETED BY FUNERAL DIRECTOR

testion of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have the anti-transit permit. Pages 1, 2, 3 should have the action to burial, cremation, or removal. traines that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician. as any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certified within 72 hours after death with the Series IMPORTANT: If Item 28 is merked,

MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSIC

FOR STATE

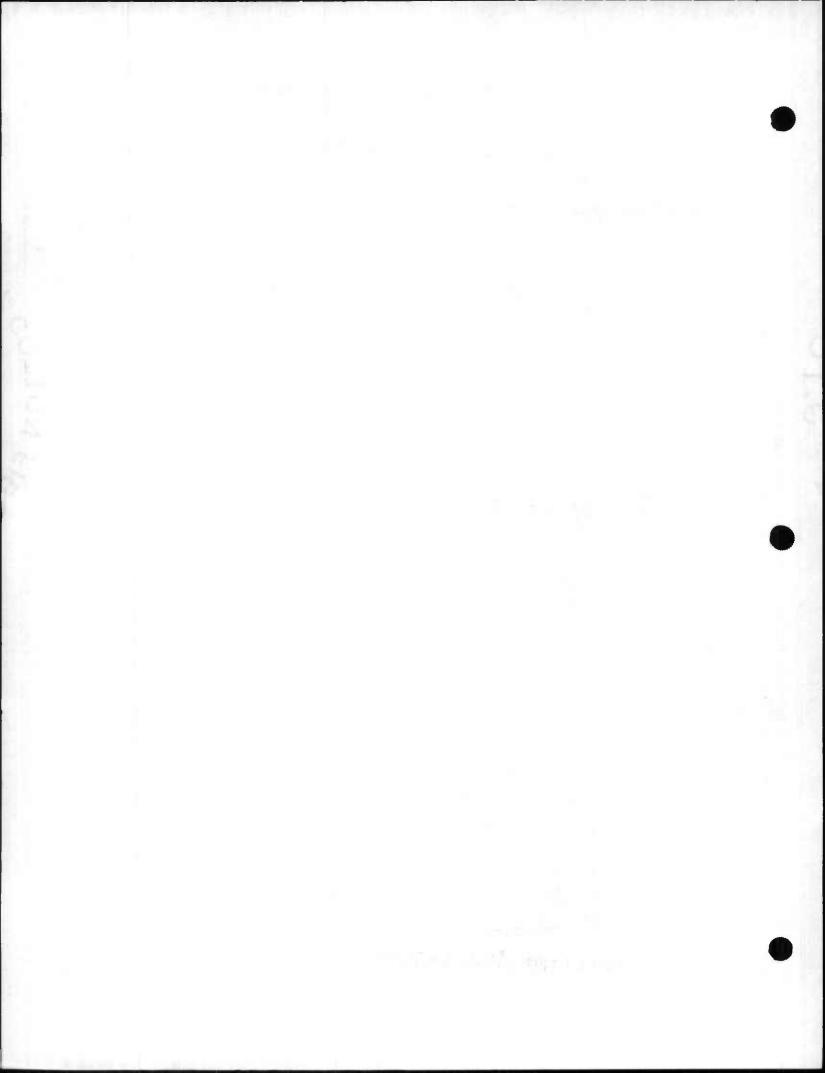
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT			3. TIME OF DEATN
DANIEL BRO	WN					FEBRUARY	9 100	YEAR	
4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest	historius a	F UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		_	
219-01-0601	1 🖾 M 2 🗌 F	84		ONTHS DA		JUNE TO	1908	MARY	LACE (State or Foreign LAND
96. FACILITY NAME (If not institution, give s 4176 MUDDY CREEK			9		WOOD	HTABO		ANNE A	RUNDEL
RESIDENCE OF DECEDENT									
10a, STATE 10b, COUNT	γ		10c. CITY, 1	TOWN OR LO	CATION			1	10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL.		HAR	WOOD					LIMITS?
4176 MUDDY CREEK	ROAD				20776			J.S.A.	IAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	T EVER IN U.S. ARI YES 2 XX AR OR DATES	MED O	If yes	DECENDENT OF HISP , specify Cuben, Mexic YES 2 NO Spec	an, Puerto Rican, etc		14. RACE - Black, Specify: BLAC	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DEC	CEDENT'S US	SUAL OCCUP	ATION	16b. KIND OF	BUSINESS/II	•	K
Elementary/Secondary (0-12) 6th GRADE	College (1-4 or 5 -	)			most of working  NT OPERAT	OD STATE	DOADO	COMM	ISSION
17. FATHER'S NAME (First, Middle, Lest)		IILA	VI LQ	OTTME					12210N
DANIEL BROWN						AME (First, Middle, Me PHINE SEL	- 111		
19e. INFORMANT'S NAME (Type/Print)		196	. MAILINO AL	ODRESS (Str	eet end Number or Rura	I Route Number City of	Town State 2	(in Corte)	
LILLIAN BROWN					CREEK RD				6
20a. METHOD OF DISPOSITION  (XXBurlal 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery_cren	ND DATE OF	DISPOSITION	H CEMETER	DATE 200	EDGE	- City or Town	
21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	HOLE	0.11.		E AND ADDRESS OF F		LDGI	MUTTI	, 110.
+ Z/200	MS	Face		REES	E & SONS	MORTUARY,		21/01	
23. PART I. Enter the diseases, or o	complications that	t coused the de	ath. Do not	enter the	WEST ST.	ch as cardiac or r	· MD.	21401	Approximata
shock, or heart fellure.	List only one cau	se on each line.		dillo tilo	mode of dying, so	i as cardrec or r	espiratory a	rrest,	interval Between
IMMEDIATE CAUSE (Fine)	(1000		. 72.00		211	0			Onset and Death
resulting in death)	a. Comm		مربد	2000	-	Jung			
	N O I	OR AS A CONSEC	WENCE OF):	رما	Ch &	rel to	0		
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	WENCE OF):		0		1		
cause. Enter UNDERLYING									
CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CONSEO	UENCE OF):						+
resulting in death) LAST	d								
PART II. Other significant condition	s contributing to	death but not re	esulting in	the under	vina causa aluan ir	Bort I Dr. No.	S AN AUTOPS		
CIOCO & K	Don Do		souting in	me dilueii	ying cause given ii	PER PER	S AN AUTOPS	NA.	VERE AUTOPSY FINDINGS IMAILABLE PRIOR TO
3/1/2010	500					1 🗆 YE	S 2 NO	0	COMPLETION OF CAUSE OF DEATH?
140.0								1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO MEDICAL				91	D. PLACE OF OEATH (C	hack only one!			
EXAMINER?	HOSPITAL:	EB/Output		THER:	1				
27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME C	☐ Nursing		8 Other (Specify)			
1 Natural 5 Pending	(Month, D		INJUR	Y	WORK?  YES 2 NO	28d. DESCRIBE H	OW INJURY O	CURED	
a D dulette	28e. PLACE O	F INJURY At hor	ne, form, stre	et, factory, o	office	281. LOCATION (St	reet end Numb	er or Rural Ros	ute Number
4 Homicide 8 Could not be determined	building,	etc. (Specify)				City or Town, S	itate)		
290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge des	th occurred	at the time	date and place, and du	n to the council	manage on it	eted	
(Check only one) 2 MEDICAL EXAMINE									and manner es stated.
29b SIGNATURE AND TITLE OF CERTIFIES	Jul	6	1	)	29c. LICENSE NU	IMBER +1-3	29d. DA	TE SIGNED (1)	Honth, Day, Year)
30. NAME AND ACCRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (1/00)	ine) (P	35 Rom	0-0n	, RR	An	e. m) 21401
31. DATE FILED (Month, Day, Year) FEB 11	32. REGISTRA 1993 Su	R'S SIGNATURE	- Binde	102	<del>.</del>		-1		
1 4 4	.1 (/								

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P.O. BOX 68760,
BOX
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RECORDS
OF VITAL
DIVISION OF VITAL RECORDS, P

	1 - STATE REGISTRAR	the fact)	STATE OF I	C	ERTIF	ICATI	E OF	DEA	TH		REG. NO		-			
	НАТ		BROWN							FEBR	UARY 2	1993	YEAR	TIME OF DEATH	M	
	4. SOCIAL SECURITY NUMBER		5. SEX 1	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	# UNDE	R 24 HRS.	JULY	of BIRTH	11	8. BIRTHPL Country) MAT	ACE (State or Foreign	gn	
OR	9a. FACILITY NAME (II not instituted 1142 PINEMOUNT	r PLA		1 B			APOL	IS	ION OF D	EATH		NE AH	RUNDEL			
DIRECTOR	10a. STATE 10b.  MARYLAND	COUNTY	ARUNDE		10c. CITY, TOWN OR LOCATION ANNAPOLIS									10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 76 CLAY STREE		IIICIO		1 AM	IAI O	_	214						YES 2 NO		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merri 3 XX/Idowed 4 Divorced	led	IF YES, GIVE V	L YES 21	MED 13 WAS DECEMBENT OF HISPANIC ORIGINS (Specify Veneral 14 DAGS								- American Indian, Vhite, etc.			
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	(G	CEDENT'S live kind of a Do NOT us HO	work done	during ma	ON ist of worki	ing	164	b. KIND OF BUS	SINESS/INDU	JSTRY					
BE CO	17. FATHER'S NAME (First, Middle, CLARENCE DA	AY				18. MOTHER'S NAME (First, Middle, Melden Surname) LEAH BUTLER										
101	190. INFORMANT'S NAME (Typo/Pr BRENDA KING	rrint)		1	142 ]	PINE	MOUN	T PL				NNAPO	LIS,	MD. 214	03	
	20a. METHOD OF DISPOSITION  1 X Murtel 2 Cremellon 3  4 Donation 6 Other (Special Service)  21. SIGNATURE OF FUNERAL SER	clfy)		BREWKR	MATE OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT O	L CEN	METE	RY		1993		APOLI				
	REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401															
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):															
PHYSICIAN: MEDICAL CE	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s was an AUTOPSY 24b WEBS AUTOPSY											MILABLE PRIOR TO				
SICIAN	25. WAS CASE REFERRED TO MED EXAMINER?		HOSPITAL:	ER/Oulpatient 3	□ DOA	OTHER	R:	. /		6 Othe						
ву РНҮ	27. MANNER OF DEATH  1 Netural 5 Pendi 2 Accident invest	-57	28e. DATE OF (Month, Da	INJURY	28b. TIMI		28c. INJ WO				SCRIBE HOW II	NJURY OCCU	JREO			
ETED E	3 Suicide 6 Could	d not be mined	28e. PLACE O building,	F INJURY Al ho etc. (Specify)	- Al home, farm, street, fectory, office 24						ATION (Street e or Town, State)	and Number o	r Rural Rout	e Number,		
COMPLI	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, end due to the cause(s) and menner as stated.															
TO BE C	296. SIGNATURE AND STITLE OF CENTIFIES 29d. DATE SIGNED (Morth, Day, Year)															
-	30. NAME AND ADDRESS OF PERI	SON WHO	COMPLETED CAUS	SE OF DEATH (ITE)	4 27) (Type,	Print)	)3	1140	0							
	31. DATE FILED (Month, Day, Year)		32. REGISTRA	R'S SIGNATURE		-										

FEB 1 1 1993 Jakie Swider Roder



DHMH-16 Rev 1/89

FOR STATE REGISTRAR

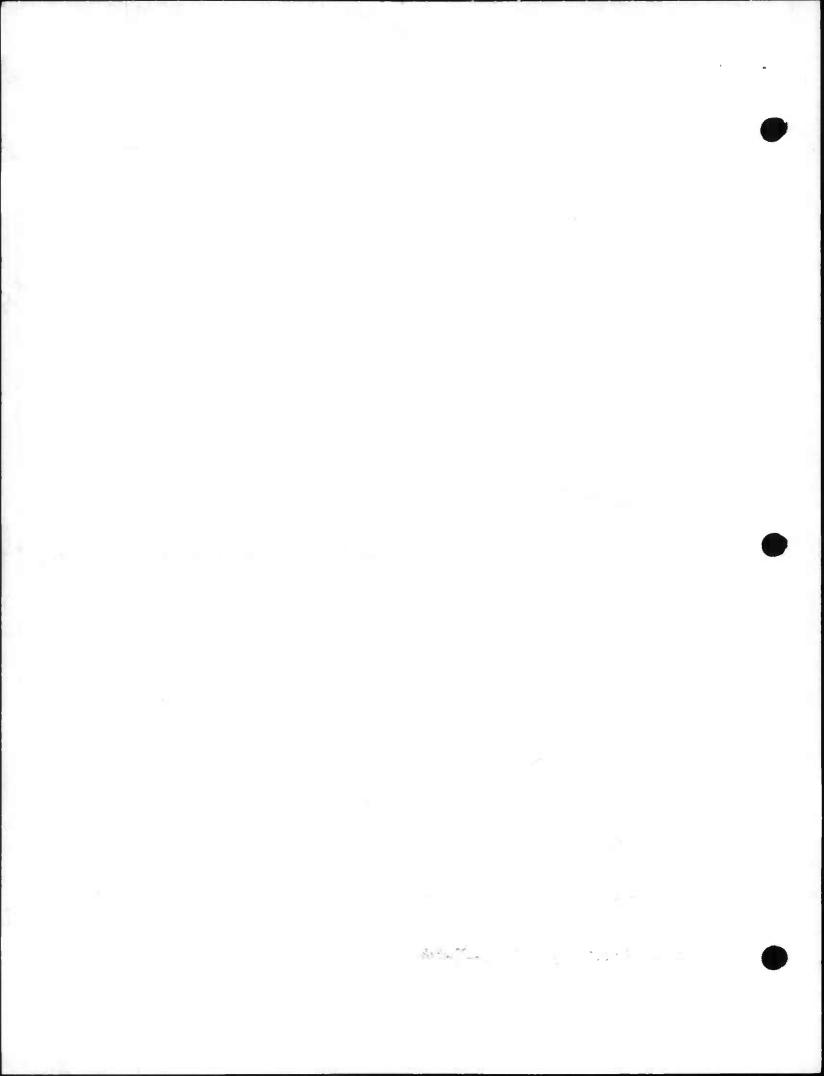
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Dorothy Myrtle Barnett 10:00 P 93 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 65 YRS. 1 M 2 X F 205-20-1997 11 - 14 - 27PA use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital at Easton Talbot Easton 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND TALBOT ST. MICHAELS 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 108 MITCHELL ST. 21663 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married 1 YES 2 NO Specify ВУ Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g filled in by the funeral director, page 5 should be detached for on, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) 12th CHILD CARE CHILD CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ¥ ADMIRAL GORDY BE MYRTLE PETERSON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GEORGE BARNETT MITCHELL ST. MICHAELS. MD 21663 g 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 15☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) UNION U. Μ. CHURCH CEM. ST. MICHAELS, MD 22. NAME AND ADDRESS OF FACILITY BENNIE SMITH FUNR. SERV. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE P.O. BOX 1687, EASTON, MD. 21601 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** l completely filled irial, cremation, c the RENAL FAILURE disease or condition resulting in death) Q HRZONIC Tres executed within event, DUE TO (OR AS A CONSEQUENCE OF): attending physician and con ental Hygiene prior to burial, CERTIFICATION traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the death certificate be other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Juliun, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by AMAILABLE PRIOR TO COMPLETION OF CAUSE amy 1 | YES 2 P OF DEATH? 1 YES 2 NO PHYSICIAN: 23 this certificate has now the State Dept 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Ë Hem OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA PHYSICIAN ne 5 🗆 Residence 8 🗀 Other (Specify) 井 8 27. MANNER OF DEATR 28a. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investigation 1 YES 2 NO After 13 death BY OR ATTENDING THE HOSPITAL UN ..... TO THE FUNERAL DIRECTOR: AF be filed within 72 hours after of PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide Ш COMPL 12 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5516 P-45 1-299 9 30. NAME AND ADD ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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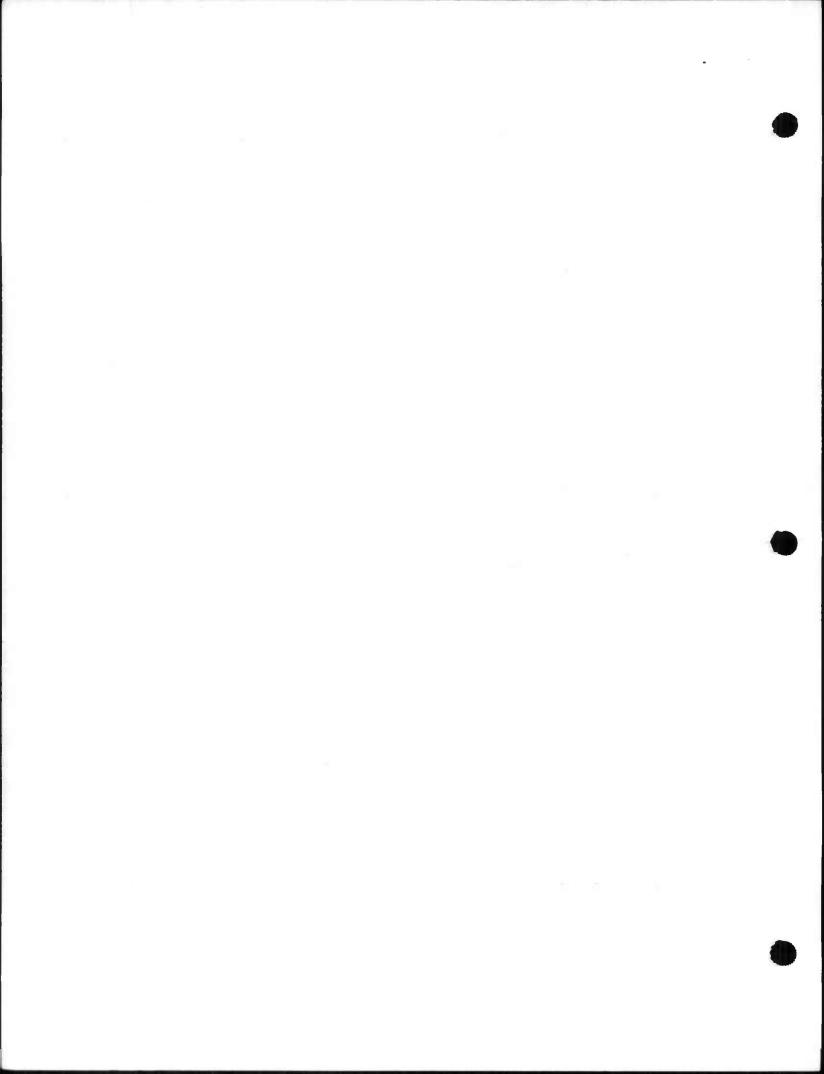
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Lay Learners of the death certificate be executed within 2 Cours after death. Page 6 may be retained by the hois TO THE FUNERAL DIRECTOR. After this certificate the country of the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the Star Celebration of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country

	FOR STATE REGISTRAR		STATE OF IV	ARYLAI					EALTH AI		IENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Mide	dle, Last)	<del></del>							T		OF DEATH			3. TIA	E OF DEATH
ĺ	Stanley		Berr	У							Feb.		93	YEAR	12:	35 P. M
ì	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In	yrs. last b	virthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS. MIN.		OF BIRTN h, Day, Year)		6. BIRTH		(State or Foreign
į	219-12-3991	1	X M 2 □ F	68		YRS.	WONTHS	DATS	HOURS	REIFE.	APR		1924		* *	ND
_	Sa. FACILITY NAME (If not institut					9b. CITY, TOWN OR LOCATION OF DEATH							9c. COU	NTY OF D	EATH	
DIRECTOR	Physicians Me	moria	l Hospi	tal		La Plata							Charles			
i i		COUNTY			10c. CITY, TOWN OR LOCATION										NSIDE CITY	
- 41		CHARLE	S			RIS	NC									YES 2XXNO
¥	10e. STREET AND NUMBER	7 2E C	TIND M	OIZ D	010				ZIP CODE							OUNTRY?
NEH	ROUTE #224 BOX		. WAS DECEDEN				T 40 .		20640	WOOD N	o opion	1? (Specify Yea		red		TES
2	1 Never Married 2 K Marr		FORCES? 1	YES	2 NO			t yes, spe	cify Cuban, I	Maxican	, Puerto		or No—	Blac	k, White	a, atc.
à	3 Wildowed 4 Divorced									ACK						
E	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY															
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5 +) line. Do NOT use retired.)  7TH GRADE NONE TRUCK DRIVER BUFFALO SAND & GRAV									from T						
Š I	17. FATNER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Last)									GKA	VEL					
										RRY						
O BE	19a. INFORMANT'S NAME (Type/f	Print)			19b. I	MAILING	ADDRESS	(Street a				ber, City or Town				
-	DOROTHY BERRY										NE	CK ROA	D, R	ISON	. M	D. 20640
	20a. METNOO OF DISPOSITION 1 N Buriet 2 □ Cremetion		from State	20b. I	PLACE OF	DISPO	SITION (Na	me of cer	netery, cremato	ory or	3. CD (II)		CATION —			
	4 Oonetton 5 Other (Specify)ALEXANDRIA UNITED METH. CEMETERY RISON, MARYLAND										AND					
1	Tylea C. Should Jahrson															
_	23. PART I. Enter the disea				the deat	h Do										MARYLANE Approximata
	ahock, or haart					III. DD (	ibt anter	tria into	ua or uying	j, auci	i as car	ulac Di 16api	atory ar	1601,	-	interval Between Onset and Death
	iMMEDIATE CAUSE (Finei disease or condition		Metastat				ticking care					er				+0011
	resulting in death)	e	DUE TO	(OR AS A	CONSEQU	JENCE O	F):			V / C	<u></u>				+	700)
2	Sequentially list conditions	b													1	
¥	If any, leading to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A C	CONSEQU	JENCE O	F):								i	
KIIFICATION	CAUSE (Diseese or injury that initiated events	۵.	OUE TO	(OR AS A	CONSEQU	JENCE O	F):								+	
	resulting in death) LAST	d														
E C	PART II. Other algnificant of	conditions c	ontributing to	deeth bu	it not res	sulting	in the ur	derlyln	ceuse giv	/en in (	Part i.	24s. WAS AN	AUTOPSY	248	. WERE	AUTOPSY FINDINGS
<u>8</u>												PERFOR				ABLE PRIOR TO LETION OF CAUSE
PHYSICIAN: MEDI												1		1		YES 2 NO
2														1		
S	25. WAS CASE REFERRED TO MI EXAMINER?		IOSPITAL:				OTHE		ACE OF DEA	ATH (Che	ck only o	ne)				
	1 YES 2 □ NO 27. MANNER OF DEATH	1	inpetient 2				4 🗆 Nui	non gnia	_	denca		er (Specify)				
	Natural 5 Pen	ding	26a. DATE OF (Month, D			28b. TIA	JURY M		RK?	NO.	28d. DE	ŞCRIBE NOW II	NJURY OC	CUHED		
Neutral  Accident  Accident  Suicide  Accident  Suicide  Accident  City or Town, State)  28a. PLACE OF INJURY — At homs, farm, street, factory, offica building, stc. (Specify)  28a. CERTIFIER (Check only one)  MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										lumber,						
	29a. CERTIFIER (Check only   1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
20	i i i	EXAMINER:	On the besie of a	xamination	and/or im	veatigati	on, in my	opinion, o	eath occured	f at the	time, det	e and place, an	d due to t	he cause(	a) and	manner as stated.
BEC	295. SIGNATURE AND TITLE OF	CERTIFIER	000	_	$\cap$	1	Λ,	C	29c. LICENS	SE NUM	IBER		29d. DA	TE SIGNE		h, Day, Year)
2	100 T	1000	ソル	<s (0<="" td=""><td>). U</td><td>10-1</td><td>1. IN</td><td>V</td><td>D-:</td><td>273</td><td>48</td><td></td><td></td><td>2/6</td><td>19</td><td>3</td></s>	). U	10-1	1. IN	V	D-:	273	48			2/6	19	3
	Howard M. Ha	CL MD			,			rive	. Wald	dori	f. M	arylan	d 2	1 0604	1	
	31. DATE FILED (Month, Day, Year	02	32. REGISTRA						,		,	J				
- 1	LFRIA	30	Juna	MANAGE	DOL	1										



IMPORTANT: If Item 28 is marked TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after draft

1 -	FOR STATE REGISTRAR		STATE OF N		/ DEPART				MENTAL	HYGIENE REG. NO.				
	LICE G. E		NGHAM	a.k.a	. ALL	E BR	ITTIN	IGHA	2. DATE OF MONTH	F DEATH DAY	1993	3. 1	TIME OF DEATH	
4. S 2 9a.	SOCIAL SECURITY NUMBER 14-74-512 FACILITY NAME (If not inst	8 1 litution, give stree	SEX	8. AGE (In yrs	· last birthday)	FUNDER 1 YEAR KONTHS DAYS Bb. CITY, TOWN	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF (Month, 1)	F BIRTH Day, Year) -190'	7 M:			
RE	317 Augus					East	on			Tall	l'albot			
	aryland	10b. COUNTY Talb	ot			aston	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	.7 August	Stree	+				2160	_			10g. CITIZEN USA	OF WHAT	COUNTRY?	
11.1	MARITAL STATUS  Never Married 2 h	farried 1	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED XNO	If yes,	ECENDENT Of appecify Cube	Black, WI Specify:	American Indian, nita, atc.					
17. (	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Housewife													
A	FATHER'S NAME (First, Mid 1fred Gri	ffith					100			orte			100	
	awrence E		ttingh	am	196. MAILING A						on, State, Zip Cod		601	
20a	METHOD OF DISPOSITION	ON 3 🗆 Remove		20b. PL	ACE AND DATE (	OF DISPOSITIO	ON (Name		DATE	20c. LOC	CATION — City	or Town,	Stata	
	SIGNATURE OF FUNERAL		ISEE yall		ing H		AND ADDRE	Fun	eral	Hom	e,P.A		21601 n, MD 216	
IM dis	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):											Approximate Interval Between Onset and Death		
oe CA the	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												Jews -	
PA	ART II. Other algolificar	nt conditiona	contributing to	death but n	ot resulting in	the underly	Ing ceuse	given in		24s. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25.	WAS CASE REFERRED TO EXAMINER?		HQ DE D'AL:				PLACE OF D	DEATH (Che	eck only one)	)				
		Pending nvestigation	28a. DATE OF (Month, E	INJURY		RY	ome 5 R		6 Other		NJURY OCCUR	ED		
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)								281, LOCAT City of	TION (Street a r Town, State)	and Number or F	tural Rout	Number,	
294	(Orleck Orley		AN: To the beat of									use(a) ar	d menner as stated.	
	NAME AND ADDRESS OF	la	COMBI ETTE A	2		N	- 24.0	5315			≥ 29d. DATE SI	GNED (M	onth, Dely, Year)	
T	Chomas W.	Faunt	leroy	\ /	M.D.		Mar	vel	Cour	rt, E	aston	, MD	21601	
	FEB 5 19	93 <	. Faire	son-Ale	delle								1 1 3	

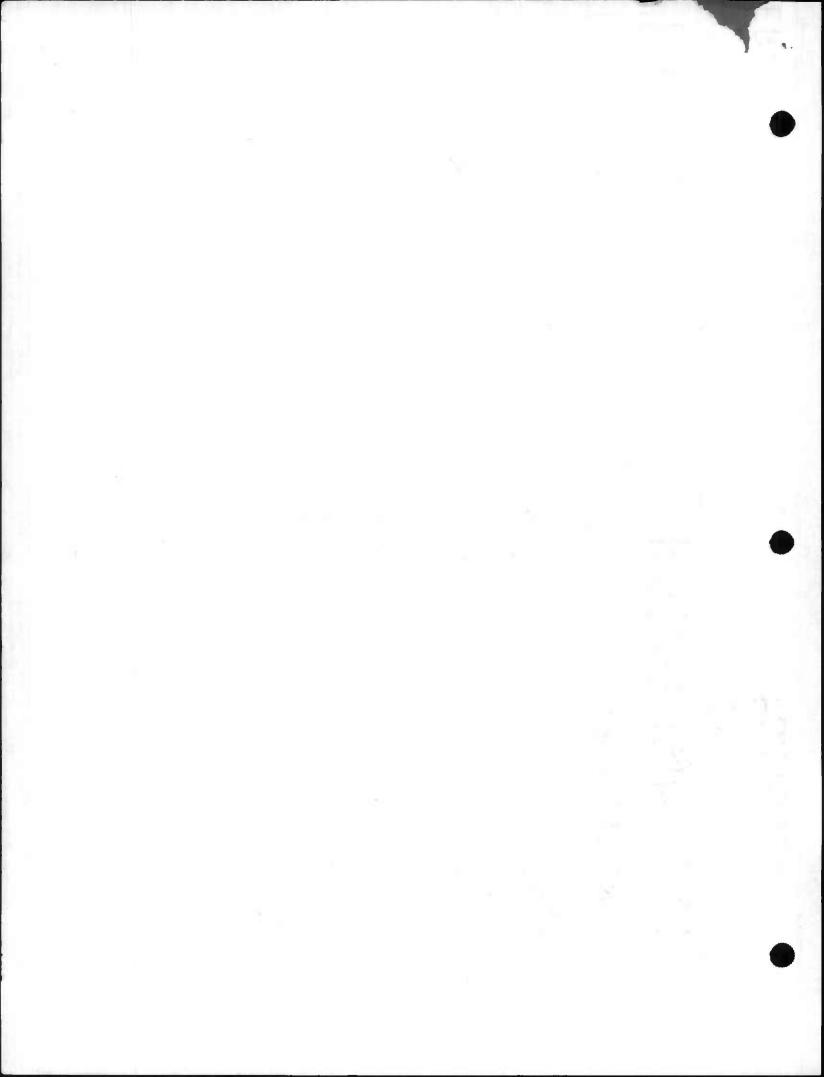
Annual Mental Hygiene prior to burial, cremation, or removal.

The mental Hygiene prior to burial, cremation, or removal.

The mental Hygiene prior to burial, cremation, or removal.

The medical examiner must be notified at once. The the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The INTO THE FUNERAL DIRECTION: After this certificate be filed within 72 hours after death with the State and other IMPORTANT: If Item 28 is marked, or Item 33

1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			IYGIENE IEG. NO.	She	examined				
1. DECEDENT'S NAME (First, Middle, Last)  LESU Marie	Brigg				2. DATE OF MONTH	-	YEAR 3	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER  196-07-1698  9a. FACILITY NAME (If not institution, give s	10 × X 81	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  PR LOCATION OF DE	7. DATE OF I (Month, De	y. Your) //	Coun	duy, va				
			Abero			Harford						
106. STATE 106. COUNT Maryland	Harford		y, town on Loca berdeen	ION		10d. INSIDE LIMITS? PEYES 2						
130 Meeks Drive			10	21001		10g. C	2100	DE WHAT COUNTRY?				
100. STREET AND NUMBER  130 Meeks Drive  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	ENDENT OF HISPAN selfy Cuban, Maxicas 2 10 NO Specify	n, Puerto Rice	E — American Indian, ck, Whita, etc. cily:						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6  17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	WORL OCCUPATION WORK done during mose retired.)	ON at at working		n home	NOUSTRY					
17. FATHER'S NAME (First, Middle, Last)		nonana	JACI.	16. MOTHER'S NAI			)					
John Buniski  190. INFORMANT'S NAME (Type/Print)  Mrs. Margaret Cr		19b MAILING	ADDRESS (Street	Agnes :			Zin Code)					
Mrs. Margaret Gr	ing	1112 111111	0 Meeks					nd 21001				
20a, METHOD OF DISPOSITION												
21. SIGNATURE OF FUNERAL SERVICE LI		Lesbe	Tarri	ng-Cargo een, Mar	Funer	al Home	, P.A					
23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on each s.   Allow Due To (or AS A C	ch line. Icerta	Cules			cline on	arrest,	Approximete Interval Betwee Onset and Des				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significent condition	ns contributing to deeth bu	t not resulting	in the underlyin	g ceuse given in		e. WAS AN AUTOP: PERFORMED? YES 2 NO	BY 24	III. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)							
1 YES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 ER/Outpa		4 - Nursing Hor									
1 Natural 5 Pending Investigation	(Month, Day, Year)		JURY W	YES 2 NO		IBE HOW INJURY						
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specific	y)	street, factory, offi		City or 1	ON (Street and Nun fown, State)	Der or Hure	r Houte Number,				
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the beat of my knowle ER: On the basis of examination							o(e) and manner as stated.				
296. SIGNATURE AND TITLE OF CURTIFIE		relete	mixe	DO //				10 (Month, Day, May) 8 / 9 3				
30, NAME AND ADDRESS OF PERSON W	COLFER	TH (ITEM 27) (Typ	e, Print) Z	13 Jug	He Col	wach (	2003	34				
31. DATE FILED (Month, Day, Year) FFR 1 () '93	32. REGISTRAR'S SIGNA	SON Manda	22_		0	, 4		1				



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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should state Dept, or Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTOR DE filed within 72 hours after the IMPORTANT: If Item 28 FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL ULEN	BELL				2. DATE OF DEATH ON Feb. 9, 1	AV YEAR	3. TIME OF DEATN 12:40 A. M		
725			n yrs. lest birthday) 37 yns.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH April Day Year)	a BIOT	HPLACE (State or Foreign		
Я	9a. FACILITY NAME (If not institution, give street 1401 MacPhail Road				OR LOCATION OF D		9c. COUNTY OF Harfor	DEATH		
I K I	RESIDENCE OF DECEDENT									
FUNERAL DIRECTOR	TRALYMAN	ford	10c. CITY	Bel Aii	TION			10d. INSIDE CITY LIMITS? 1 YES ZY NO		
ERAL	100. STREET AND NUMBER 1401 MacPhail Ro	pad		1	21015		10g. CITIZEN OF USA	WHAT COUNTRY?		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DE If yes, s 1 YE	or No- 14. RAC Bloc Whit	E — American Indian, ck, White, etc. city:				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during n e retired.)	on ost of working ed Nurse	16b. KIND OF BUS	siness/industry			
	17. FATHER'S NAME (First, Middle, Last) Courtney Bert U	len				ME (First, Middle, Meiden	Sumame) Forbus	Ä,		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAILING	ADDRESS (Days		Route Number, City or Town				
10	Jane B. Hawkins		1401	MacPha	il Road,	Bel Air, M	id. 21015			
	20a. METHOD OF DISPOSITION  1 St Burlal 2 Cremation 3 Stemoval  4 Donation 6 Other (Specify)	from State	PLACE AND DATE OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF	emeter	. 2	2-12-93		rd, Arkansas		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE 101 D		Howa	ND ADDRESS OF FA	Comas III F	uneral H	Home, P.A.		
	23 PART   Enter the diseases or com	collections that severed	the death the			ry Road, Al				
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):						
	d									
EDICAL	PART II. Other algnificant conditions of	contributing to deeth bu	t not resulting i	n the underlyle	g ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						_ /		1 TES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. f	LACE OF DEATH (Ch	eck only one)				
SIC		OSPITAL:  ☐ Inpatient 2 ☐ ER/Outpa	tient 3 DOA	OTHER: 4 - Nursing No.	ne 5 Aesidence	8 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMS	OF 26c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURED			
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, s	treet, factory, offi	:0	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C							a) and manner se stated		
BE C	296. SIGNATURE AND TITLE OF CENTIMER				29c. LICENSE NU	WBER		(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TN (ITEM 27) (None	Print)	P033	-572	2/9/	193		
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	THE STATE OF DEA	(rium ar) (rype,	,						
	31. DATE FILED (MONTH), Day, Year, 193	32. REGISTAAR'S SIGNA Juna Dav	TUPE Idson-Aand	002						

		1 - STATE REGISTRAR	STATE OF	MARYI	LAND /	DEPAR	TMENT (	)F H	EALTH AND DEATH	ME	TAL HYGIEN	E		
Γ		1. DECEDENT'S NAME (First, Middle, La	st)			TAT III	ICATE	OF	DEATH	2	REG. NO.			3. TIME OF DEATH
		Elmer		Lee	2	F	Barke	r	Jr.	1	) 2 1	1 199	YEAR	2:15 A. M
		4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. last		IF UNDER 1 Y		IF UNDER 24 HRS.	7.0	DATE OF BIRTH	- 1	_	LACE (State or Foreign
- 1		217-58-6901	1 ₹ M 2 □ F		42	YRS.	MONTHS D	AY8	HOURS MIN.	1	731/19	51	Country)	
		So. FACILITY NAME (If not institution, gi	ve street and number)	and number) 96. CITY, TOWN OR LOCATION OF DEATH						-/ / -/ - /	1951 Maryland			
	CTOR	Route 1 and	Ruffs M	i ] ]	Road	۹ ا			Air					
	٥	RESIDENCE OF DECEDENT		TELE NOCC								Harford		
	DIRE	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		Harford				OCATI					1	IOd. INSIDE CITY LIMITS?
		Maryland 100. STREET AND NUMBER	narior	a			1		Air					YES 2 NO
	FUNERAL		derwood	Too				101.	ZIP CODE	<b>~</b> 7 7		25 30		IAT COUNTRY?
	<u> </u>	11. MARITAL STATUS	12. WAS DECEDE			LED.	T 40 110		210	_			J.S.	
- 1	- 1	1 Never Married 2 Married	FORCES?	1 YES	2 N	טשו	It ye	s, spe	city Cuben, Mexic	en, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No — 1		- American Indian, White, etc.
	À	3 Widowed 4 Divorced	IF YES, GIVE	WAH OH D	PATES		1 -	YES	2 NO Spec	illy:			Specify:	asian
	G	15. DECEDENT'S E (Specify only highest or					USUAL OCCL				16b. KIND OF BUS			ablan
	E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life.	Do NOT us								
ed .	COMPL	8	0110 0110		Dry	Wa.	ll Fi	ni	sher		Co:	nstri	ietj	lon
once.	8	17. FATHER'S NAME (First, Middle, Last)	-	_							First, Middle, Maiden			
9	BE	Elmer	Lee	Bai	rker		r.		Dels		Doll:	-		riek
E I	2	19a. INFORMANT'S NAME (Type/Print)									Number, City or Town			
De la		Shirley Wats	on	1		_		_	Mill H					Id. 21015
unst	i	1 Buriel 2 Cremetion 3 R	emoval from State	CBI	netery cren	afony or of	Per place)			1 1		CATION — CH		
Jer n		4 Donation 5 Other (Specify) Bel Air Mem. Gardens 2/15 Bel Air, Maryland  21. Signature of Funeral Service Human Control of Signature of Facility												laryland
E E	i	M. Hadden Kuffer Kurtz Funeral Home Jarrettsville, Maryland												
9 -	-	22 PATT I SHOULD	der / win	19-2				ar	retts	ril	le, Ma	rylar	ıd	
injury, or other traumatic event, the medical examiner must be notified at		23. PART I. Enter the diseases, o shock, or heart fallur	e. List only one ca	nae ou e	d the dea each line.	th. Po n	ot enter the	mod	le of dying, su	ch as	cardlec or reaple	etory arres	it,	Approximate Interval Between
the		IMMEDIATE CAUSE (Finel disease or condition	1/4	1	11.	X.		•						Onset and Death
H.	resulting in death)  DUE TO (OR AS A CONSESSIONE OF):													
NO O	.	DUE TO (OH AS A CONSEQUENCE OF):												
mat	2	Sequentially list conditions, If any, leading to immediate												
tra	3	cause. Enter UNDERLYING												
the		CAUSE (Disease or injury that initiated events	DUE TO	OR AS	A CONSEO	JENCE OF	7:							
6	CERTIFICATION	resulting in deeth) LAST	d											
in's		PART II. Other algnificant condit	lone contributing to	deeth t	out not re	aulting i	n the unde	rivina	ceuse given ir	Part	I. 24a, WAS AN	umpev	245 W	ERE AUTOPSY FINDINGS
≥ 0	ZAL S		and the second					,,	couse given ii		PERFORI	MED?	A	MARLABLE PRIOR TO COMPLETION OF CAUSE
1	MED										1 YES 2	□ NO	0	F DEATH?
sho	2												1	YES 2 NO
# 23	<u> </u>	25. WAS CASE REFERRED TO MEDICAL						26. PLA	CE OF DEATH (C	heck or	nly one)			
or Ham 23 shows	PHTSICIAN:	EXAMINER?  1 TYPES 2 NO	HOSPITAL:	ER/Out	patient 3 [	DOA	OTHER:		5 Residence		,,	High		
P.		27. MANNER OF DEATH	28a. DATE OF			28b. TIMI	E OF 28	. INJU	RY AT	4 7	DESCRIBE NOW IN			
4		1 Netural 5 Pending 2 Accident Investigatio	n 02/1		993	12.		WOR		F	river	in Au	to/	Tractor-
# E	5	3 Suicide 6 Could not I	28e. PLACE C		— At hom	min to the	W 644 6 A	office		261.	LOCATION (Street as			
28		4 Nomicide determined		and Jopon	U., /	Hia	hwav			R	City or Town, State)	Ruff	s M	ill Road
ie ie		29a. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best o	my know	rledge, dest			date s	and place, end du					ALL HOUGH
ANT: It item 2	5		NER: On the basic of a										:suee(e) a	nd manner se stated.
RIA C		296. SIGNATURE AND TITLE OF CENTR	Test per					-	29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	forith, Day, Year)
		M	TWO	~	7			-1	o.c.		E.			1/1993
₹ 5		30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU						G=30072					
		MND	NEXI					ee	et, Bal	Lti	more, N	Maryl	and	21201
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGN	ATURE 7	and o	0							
		FEB 12'93	guna	J KURUY (	LJOY~-V	milwe	-							

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	0 00054						
	1. DECEDENT'S NAME (First, Modile, Last	Thomas Blacks	ten	2. DATE OF DEATH MONTH DAY 199	3. TIME OF DEATH  8:30 PM						
	4. SOCIAL SECURITY NUMBER 212-32-3059		F UNDER 1 YEAR IF UNDER 24 HRS.  ONTHE DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Cognity)						
TOR	90. FACILITY NAME (If not institution, give	inster Pike	Westpinster		Y OF DEATH						
DIRECTOR	Maryland Car	10c. CT/t, T	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	607 Old Wes	Frinster Pike	3-1157	10g. CITIZE	N OF WHAT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes or NO— If yes, specify Cuben, Mexican, Puerto Ricen, atc.)  14. RACE, A Black White Specify (Specify) Hispanic Origin? (Specify Yes or NO— If yes, specify Cuben, Mexican, Puerto Ricen, atc.)  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or NO— If yes, specify Cuben, Mexican, Puerto Ricen, atc.)										
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		done during most of working otired.)	166. KIND OF BUSINESS/INDUS	STRY Ala.						
BE COM	17. FATHER'S NAME (First, Middle, Log)  Charles Me.	ton Blacksten	18. MOTHER'S NA	ME (Figst, Middle, Melden Surhame)	Fritz						
TO B	Frances Blo	acksten 607 C	DIESS (Street and Number or Rural I	Poute Number, City or Town State, Zip C	stor And 2115						
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ren  4 Donation 6 Other (Specify)	Every lear	PRADIA Gack	DATE 20c. LOCATION + CH	y or Town, State P.J.						
	21. SIGNATURE OF TUNERAL RETWICE L	Tut	22. NAME AND ADDRESS OF FA	F. H. Wes,	Trinste- Phl.						
	23. PART I. Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Finel	complications that caused the death. Do not Liet only one couse on each line.	enter the mode of dying, auc	h as cerdiec or respiratory arres	interval Between						
	disease or condition resulting in death)	a. Due to (or as a consequence of):	Cenculon	19	Onset and Death						
NOI	Sequentially list conditions, fit any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A CONSEQUENCE OF):	Berus.								
CERT	resulting in death) LAST	· pulinumoz	emboll	, Hyperter	usem						
DICAL	PART II. Other eignificant condition	na contributing to death but not resulting in t	he underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: MEDIC				_	1 - YES 2 100 NO						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 YO	HOSPITAL: 1   Inpatient 2   SR/Outpatient 3   DOA 4	26. PLACE OF DEATH (Che								
	27. MANNER OF DEATH  1 Pantural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	WORK?	6 Uniter (Specify)  26d. DESCRIBE HOW INJURY OCCUI	RED						
D BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY — At home, ferm, atree building, atc. (Specify)	M 1 TES 2 NO	2al. LOCATION (Street and Number or	Rurel Route Number,						
LETE	4 Homicide determined			City or Town, Stete)							
COMPLETED	(Check only	ICIAN: To the best of my knowledge, death occurred at ER: On the bests of examination end/or investigation, in	t the time, date end piece, end due n my opinion, death occured at the	to the cause(s) end menner es stated. time, date end pisce, end due to the c	ause(s) end menner es stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ie MD	29c. LICENSE NUM	9 15 29d. DATE S	IGNED (Manth, Day, Year)						
0	30. NAME AND ADDRESS OF PERSON WH	FRE II	542 WAS	8th Rd wa	stumster HD						
	FEB 0 8 '93	ge. REGISTAR'S SIGNATURE			21157.						

Marian Agrama Control

	1 - STATE OF MARYLAND / DEPARTM REGISTRAR BRADY, PETER CERTIFICA	IENT OF HEALTH AND MENTAL HYGIENE ATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH										
1 1	Peter Benton Brady	2 3 93 8 7										
		UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign Country) ATHS DAYS HOURS MIN. 1 (Month, Day Magn) 1896 Ren tucky										
		CITY, TOWN OR LOCATION OF DEATH										
DIRECTOR	Carroll County General Hospital Westminster Carroll											
)   jij		OWN OR LOCATION 10d. INSIGE CITY LIMITS?										
盲	MD Carroll	Westminster 1 YES 2 NO										
\¥	10e. STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	623 Bear Branch Rd.	21157 US										
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.)  1 ☐ YES 2 NO Specify:  14. RACE — American Indian, Black, Whita, etc. Specify:  15. Whita, etc.										
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USU	JAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY										
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+) life. Do NOT use ret											
MP	supervi											
8	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)  Mattie										
H	Richard A. Brady  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADD	DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
유		Hook Road, Westminster, MD 21157										
		ON (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify) Glen Haver	n Cemetery 2/8   Glen Burnie, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ACCRESS OF FACILITY Pritts Funeral Home & Chapel										
	Robert K. Pritts, Sr.	412 Washington Rd., Westminster, M										
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or reepiratory errest, shock, or haart fallers. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reculting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
. CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting in the contributing to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not resulting to pleath but not result	he underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										
N: MEDICAL	Cethenoselevotec Cardlo Vase	PERFORMED?  1   YES 2   NO  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Check only one) THER:										
YSI	1 NES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4	□ Nursing Home 5 □ Realdence 6 □ Other (Specify)										
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation											
0	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	et, factory, offica  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	Construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the constr	It the time, date and place, and dua to the causs(s) and menner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	29d ICENSE NUMBER 29d. DATE SIGNED (Month Day, Year)										
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Prin	E 105905 + 4F2693										
	Richard A. JOnes M.D. Carroll County G	General HOspital Westminster, Md. 21157										
	FEB 0 8 93											

certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	of the majories that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Monthly and the properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the party and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHESICIAN TO THE STRUCTURE STATE THE GREAT CERTIFICATE DE executed within 24 hour	TO THE FUNERAL DIRECTOR. After this confidence is been signed by the attending physician and completely filled in by the be filled within 72 hours that death with inspect best of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

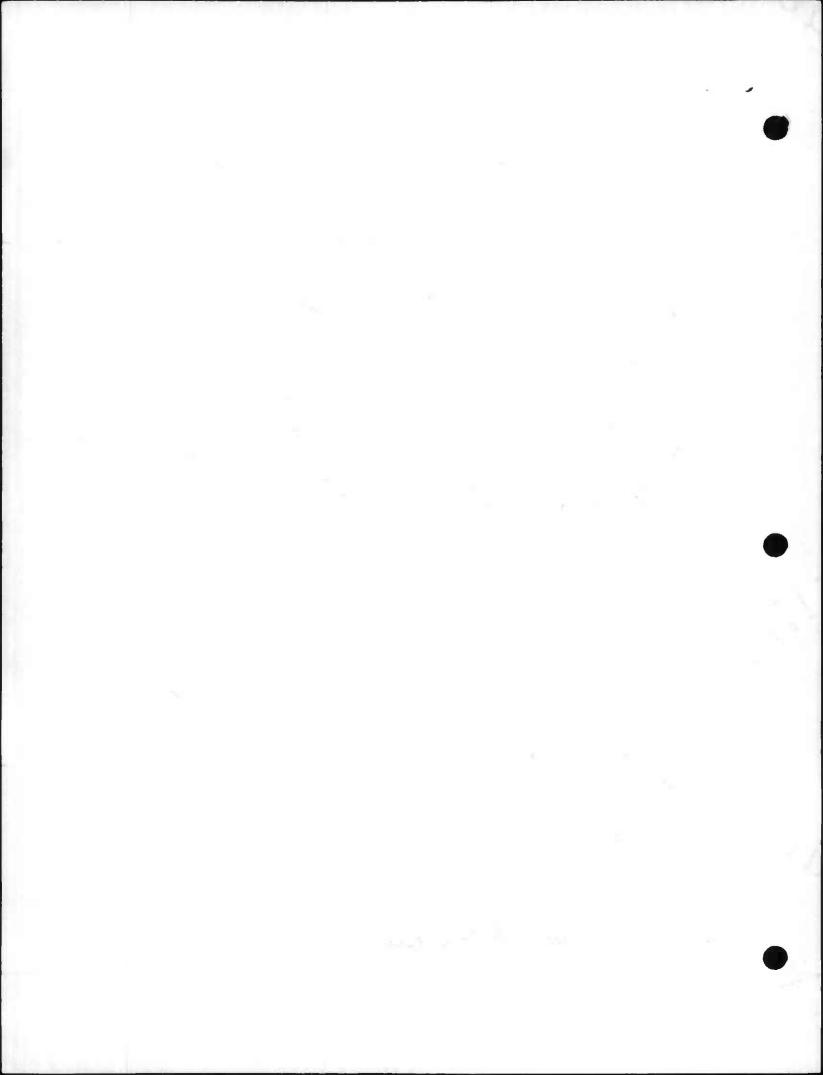
FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR	TMENT OF I		MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Lest)  Iris Elaine Brown  2. DATE OF DEATH MONTH Feb. 5, 199										
4. SOCIAL SECURITY NUMBER 219-26-1268	5. SEX	6. AGE (In yrs. lest birthday)  57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)					

	Iris I	Maine Bro	own				MONTH Feb.	DAY	YEAR 4:40	р. м		
1	4. SOCIAL SECURITY NUMBER 219-26-1268	5. SEX 1  M 2  F	6. AGE (In yrs. less 57		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF I		BIRTHPLACE (State or Country)     Maryland	Foreign		
OR	96. FACILITY NAME (If not institution, give s 1428 Littlestown			•		ninster		9c. COU	TY OF DEATH Carroll			
5	RESIDENCE OF DECEDENT											
DIRE		rroll		10c. CITY,	Westmi:				10d. INSIDE CIT LIMITS? 1 YES 2			
FUNERAL DIRECTOR	100. STREET AND NUMBER 1428 Littles	stown Pike			10	21158		10g. CITE	U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 AN	MED O	If yes, sp	ENDENT OF HISPA ecity Cubern, Mexic 2 ANO Speci	an, Puerto Ricar	pecify Yes or No.— I, etc.)	14. RACE — American Inc Black, White, etc. Specify: White	dian,		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G/	CEDENT'S US	BUAL OCCUPATION done during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during mo	ON st of working	16b. KIN	D OF BUSINESS/IND	USTRY			
MPL	10 17. FATHER'S NAME (First, Middle, Last)			ndry	Worker			tate Hosp	ital			
BE CC	John Staubi	tz					t Becra	e, Melden Surname) aft				
6	Joseph S. Brown	1	198					My or Town, State, Zip stminster				
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cred	ND DATE OF	DISPOSITION (No.	ark 02/0	DATE 8/93	Sykesvil				
	21. SIGNATURE OF FUNERAL DERVICE LIC	ENSEE	41	V 4 0 W	Eckha	andt Fun	eral Ch	apel	2111			
	11.7.00	alcount	1	_					ngs Mills,	Md.		
	23. PART I. Enter the diseases, or canock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on each ilna.		10		ch as cardiac	or respiratory arr	Interval	Between nd Death		
	,	DUE TO (C	OR AS A CONSEC	UENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE OF):								
2	PART ii. Other significant condition	s contributing to d	leath but not r	neuitina in	the underlyin	a course obus to	Book I Day	. WAS AN AUTOPSY	Lan week week			
MEDICAL	Denteta VI	Neilletun ,	Sepui	, M	Valnut			PERFORMED?	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE		
									1  YES 2	NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	EB/Outpatient 2		THER:	ACE OF DEATH (C						
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF II (Month, Day	NJURY	26b. TIME (	OF 28c. IN.	RK?		ecify) BE HOW INJURY OCC	CURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At horte. (Specify)	me, farm, stre		YES 2 NO	281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route Number,	-		
LET	4 Homicide determined			1					•			
COMPLETED		CIAN: To the best of mR: On the basis of sxa								stated.		
BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND XITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNIFO (Month), Day, Year)											
0	() losser 1	Jem 5	1 haps	4-		1) 0	92/1	_	7/7/12	<u></u>		
2	30. NAME AND ADDRESS OF PERSON WHI  Roban // Lay pr // 4  31. DATE FILED (MONTH, Day, Mark	led viol 6	OF DEATH (ITEN	B/dy	rine) / O	$\frac{1}{ W }$	792/12 Real /	T, B.	17/92 eltemi, Mo	1,		

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	- 4	1. OECEDENT'S NAME (First, Middle, Last)	THE				2. DATE OF DEATH		3. TIME OF DEATH		
			DOROTHY	MAY	BIBLI	E	February	7,1993	4:22 a M		
		4. SOCIAL SECURITY NUMBER 214-46-3569	4 17 m a Mr.	In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.0	BRITHPLACE (State or Foreign Country)		
pinous		9a. FACILITY NAME (If not institution, give si	. 07	Tho.	OF CITY TOWAY	OR LOCATION OF D		905 N	MARYI.AND		
n	E		l Hospital			mberland	EAIN		egany		
1, 2,	стоя	RESIDENCE OF DECEDENT						1			
Pages	DIRE				, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
permit.	AL D	MARYLAND A  100. STREET AND NUMBER	LLEGANY	F	LINTSTO	NE r. ZIP CODE		10a CITIZEN	1 ☐ YES 2 M NO OF WHAT COUNTRY?		
. <del>5</del> 5	ER/	P.O.BOX# 148				21530					
020 physician. burial-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ABMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Y	17 C	RACE — American Indian, Black, White, etc.		
fing phy	BY	1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO If yes, IF YES, GIVE WAR OR DATES 1 YES			nn, Puerto Rican, etc.) ly:		Specify: WHITE		
N 5 8		15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BI	JSINESS/INDUST			
2121 2121 for use	ETED.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo e retired.)	ost of working					
AND 2 the hospital detached fo	COMPL	11		HOUSE	KEEPER		HOUSE	KEEPER			
YLAN by the hor be detach at once.	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)	11111		
TARY stained by should be tiffied at	BE	DENTON WESLEY  19a. INFORMANT'S NAME (Type/Print)	CRABTREE	101-111-110	ADDDEDG (0)		A GERTRUD				
	2	_RUBY SHRIVER					Route Number, City or To	2	1530		
RE, may be or, page		20a METHOD OF DISPOSITION		PLACE AND DATEO	F DISPOSITION (Na	FLINTS		OCATION — City			
		1 Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	Com	etery, crematory or oth ENDALE C		FEB 9 10	FLI	NTSTONE	MARYLAND		
ALTIN death. Pag e funeral dir il. examiner		21. IIIQUATUGE OF FUNERAL SERVICE LIC	ENSEE OF		WERE!	TT-ADAMS	FUNERAL	HOME			
BALT after death. by the funera moval. cal examil		Nale of.	Herne		404 I	DECATUR S	STREET CUM	BERLAND	, MARYLAND		
in 24 hours by filled in thation, or ref		23. PART I. Enter the diseases, or cashock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acrael	Mag	38 ne	. A	con chirl	olratory arrest,	Approximata Interval Between Onset and Death		
68760, executed withing and complete burial, cremanatic event,	_		DUE 10 (OR AS A	CONSEQUENCE OF	is N	Jellin	5	U			
OX 6 be exectively and rior to bu	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	0 0	00 . 1	100				
D # 50 -	ICA	CAUSE (Disease or injury	Ken	al a	mos	Am.					
n certifica anding phy Hygiene or other	E	that initiated events resulting in death) LAST	10100	CONSEQUENCE DE	35 ovi	TO SOA	ndln	P.			
deat deat	S				A CONTRACTOR	-0					
RECORD:  requires that the been signed by the of Health and M shows any inju	: MEDICAL	PART II. Other significent condition	s contributing to death bu	ut not resulting is	n the Underlying	g cause given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A 语 語 是 经	IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	neck only one)				
N September 1	SICI	EXAMINER?	HOSPITAL:	atlent 3 🗆 DOA	OTHER: 4 - Nursing Hom	ne 5 🗆 Residence	6 Other (Specify)				
P S S S S S S S S S S S S S S S S S S S	臣	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED		
	Β¥	2 Accident Investigation	200 BLACE OF IN HIM	A13		YES 2 NO					
DIVISION OR ATTENDING DIRECTOR: hours after from 28 is man	ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At nome, term, si	freet, factory, offic		281. LOCATION (Street City or Town, State		ural Route Number,		
OR A DIRECT POURS HOURS	7	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(s) and m	onner se stated			
HOSPITAL FUNERAL WITHIN 72	COMPL		R: On the besis of examination						use(s) and manner as stated.		
E FUN	- 11	296. SIGNATURE AND TITLE OF CHITTIFAL	500			79c. LICENSE NUI	MINER	29d. DATE (90	ONED (Morth, Day, Year)		
TO THE HOSPITA TO THE FUNERA De filed within ?? IMPORTANT: I	TO BE	()				D 233	71	12/	7/93		
	-	30. NAME AND ADDRESS OF PERSON WHO									
		Dr. Qamar Zaman	-Johnsen Hei	ghts Med	ical Bui	ilding-Cu	umberland,	MD 21	502		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DODGETAL OF ATTREME
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- 1	1. DECEDENT'S NAME (First, Middle, Leet)  Frank W. Bittinger  2. DATE OF DEATH MONTH Feb 1 1993												
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	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthda	MONTHS	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATI	E OF BIRTH		8. BIF	RTHPLACE (State or Foreig
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용	RESIDENCE OF DECEDENT	nor wur	1 0	ак	land	1			Ga	arre	ett		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY	
	Maryland Garrett Oakland											1 TYES 2 NO	
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8	3 Widowed 4 Divorced	1 120, 0172 1	an on batt		''	1E3	2 × NO	Specin	у:				hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	10	(Give kind	"S USUAL OCC			ina	16	b. KIND OF E	USINESS/IN	_	
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	5th  17. FATHER'S NAME (First, Middle, Last)			Farme	<u>r</u>	-	Market Control		$\perp$	Farm		-	
	Francis Bitt	ingon					18. MOT			Middle, Maid	,		
N N	19a. INFORMANT'S NAME (Type/Print)	mger		19b, MAILI	NG ADDRESS (	Street a	and Numbe			Mno		in Corte)	
2	Carolyn Roun	ds			2, Bo							215	
1	20a. METHOD OF DISPOSITION			LACE AND DAT	E OF DISPOSIT			, 0					
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i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A.												
	4.	41											
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications the	on and	ha daath. Do	New 15	wma 5 M	an F Main	unei	ral	Grant	svil	10	Approximate Interval Betwood Onset and Do
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WAS A PERFI 1 VES  or (Specify) SCRIBE HOW	IN AUTOPSY PRIMED?  2 JANO  4 and Number as stand due to to	Te.  rreat,  2  CCURED  or or Rura  sted.	Approximata Interval Betwonset and Dr. 2 m

TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	TO THE FUNERAL DIRECTOR: After this certificate has been	r death with the State Dept. of I	IMPORTANT: If Item 28 is marked, or item 23 short
SPITAL OR ATTE	NERAL DIRECTOR	hin 72 hours afte	NT: If Item 28
TO THE HO	TO THE FUI	be filed with	IMPORTAL
C	×	2	

TO BE

DR. GEORGE BREZA,

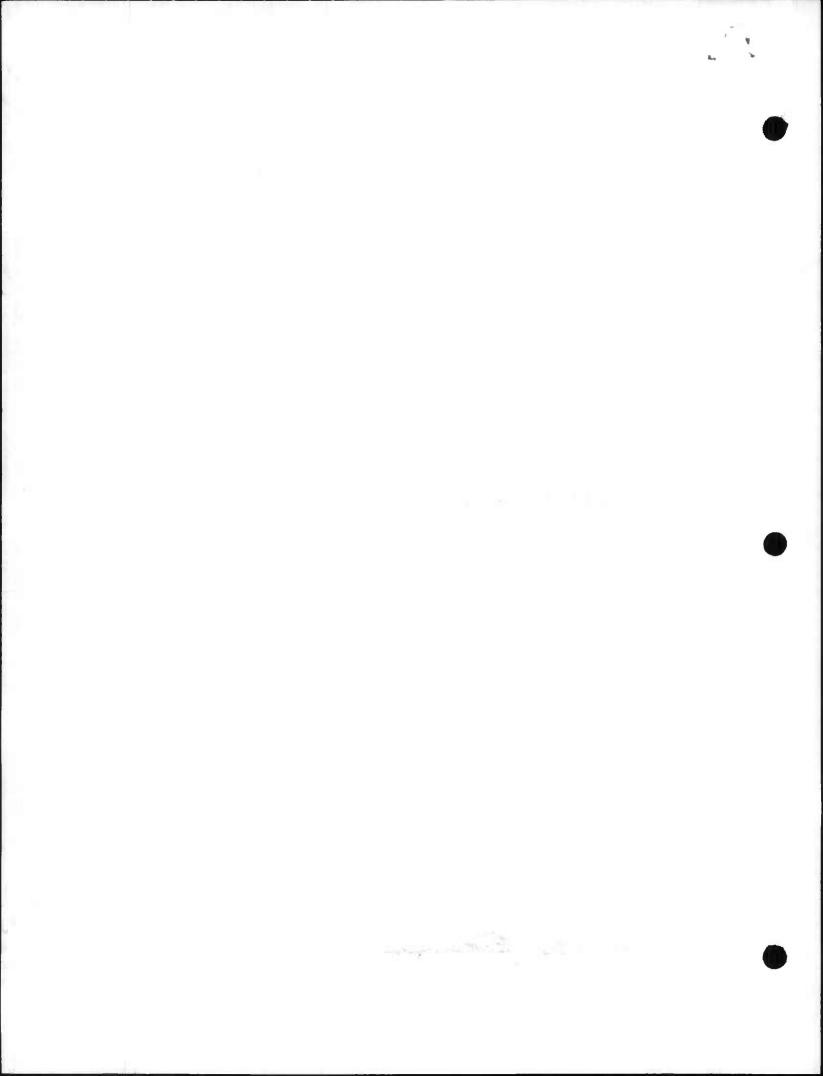
31. DATE FILED (Month, Day, Year) 1993

948											9	3	0382	9
	1 - STATE REGISTRAR	STATE OF N	IARYLAN	ND / DEPAR						YGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEAT	TH .
	HENRIETTA ELIZA	BETH BUR	KEY											AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In )	yrs. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH			IPLACE (State or Fo	oreign
	219 46 0532	1 🗆 M 2 🔀 F		86 YRS.	MONTHS	UAYS	nouns	mare.	Sept	. 26	,19	06 W	est Va	
~	Sa. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT	Y, TOWN	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
Į į	SACRED HEART HOS	PITAL				CUMB	ERLA	ND			7.	ALLE	GANY	
DIRECTOR	10a. STATE 10b. COUNTY			10c, CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY	
E E	Maryland Alle	gany		Cur	nhei	lan	d						LIMITS?	
	10s. STREET AND NUMBER				11001		ZIP COD				10g. CIT	IZEN OF W	VHAT COUNTRY?	NO
FUNERAL	P.O. Box 135-B	edford	Road					2150	2			USA		
S	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U	S. ARMED	13.	WAS DEC	ENDENT (	F HISPAN	HC ORIGIN? (S	Specify Yes	or No-		- American India, White, etc.	en,
BY F	1 Never Married 2 Merried  3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES AR OR DATE	s M Xino		If yes, sp			n, Puerto Rica	n, etc.)		Black Speci	Ac-	
									110				"White	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16	Give kind of	work done	durina mo		ng	16b. KJI	ND OF BU	SINESS/INC	DUSTRY		
1 3	Elementary/Secondary (0-12) 1.2	College (1-4 or 5+		in. Do NOT u Housew						Uam	_			
COMPL	17. FATHER'S NAME (First, Middle, Last)			nousew	Tre		40 4100			Hom				
	Philip A. Ha	ast							ME (First, Midd eth G		,			
BE	19a. INFORMANT'S NAME (Type/Print)	25 C		19h MAII ING	Anners	S /Street o	<u> </u>		Route Number,					
2		oelv											21502	
	Mrs. Carolyn Neely  115 Cumberland St. Cumberland, Md. 21502  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State													
	1 Burial 2 Cremation 3 Remo	rval from State	cemete S.S.	Pete	er & Paul's 2-16-93 Cumberland, Maryla							and		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	100	- 1000	22	22. NAME AND ADDRESS OF FACILITY Leasure-Stein, Inc. 230 Baltimore A								
	> Ernest a	1. R. G.	h.									Bal	timore	Av.
			caused th	he death. Do i	not ente	the mo	eria	ina,	Md. 2	2150	Z retonu en	reet	Approxim	nto.
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												Interval B	etween
	IMMEDIATE CAUSE (Final disease or condition	Ma		list	1	20 E	tim						7 f	Death
	resulting in death)	DUE 10	GORAS A CONSEQUENCE OF:										100	٧.
z					-									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CO	ONSEQUENCE O	F):									
₹ 5	CAUSE (Disease or Injury	ha												
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CO	ONSEQUENCE O	F):									- 53
<b>H</b>	Total III de la la la la la la la la la la la la la	l												
	PART II. Other aignificant conditions	contributing to	death but	not resulting	in the u	nderlying	cause (	given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FI	
5	arterioscle	vsi.	Dia	lete n	ulli	tu				PERFOR			AMILABLE PRIOR COMPLETION OF C	
Į Į	- Hypertine								_   '		a	- 1	OF DEATH?	10
ż	00								_					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE DF D	EATH (Che	ack only one)					
LSI(	1 TES 2 NO	HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHE		• 5 □ Re	sidence	6 Other (S)	pecify)				
H	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJ WO	URY AT		26d. DESCRI	BE HOW I	NJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation				М		/ES 2 [	ND						_
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — etc. (Specify)	Al home, term,	street, fac	tory, office			261. LOCATIO	ON (Street e own, State)	and Number	r or Rural F	loute Number,	
E.														
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC													
ő	2 MEDICAL EXAMINER	t: On the basie of ex	amination e	nd/or Investigation	n, In my	opinion, d	eath occur	red at the	time, date and	f place, an	d due to th	he cause(s	) and manner as a	tated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE		ma					NSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)	
0	A LOCATOR IN									12532 De 2/8/9				

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D., B.M.G.,

912 SETON DRIVE, CUMBERLAND, MD 21502



	FOR STATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAR	TMENT	OF H	HEALTH DEA	AND M	IENTAL	HYGIEN REG. NO	IE	J	03030	
	1. DECEDENT'S NAME (First	II, Middle, Last)	DOROT	НҮ		BRIN						DAY YEAR Y 7,1993		3. TIME OF DEATH	
-0	4. SOCIAL SECURITY NUM 214-07-1		5. SEX	5. SEX 8. AGE (In yrs. lest birth		IF UNDER 1 YEAR  IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7	7. DATE OF BIRTH		B. BIRTHPLACE (State		IPLACE (State or Foreign		
	9a. FACILITY NAME (If not					9b. CITY, TOWN OR LOCATION OF DE			ION OF DEA						
E	Memoria	_	· ·					erla:		seri				.legany	
ទ	RESIDENCE OF DE	CEDENT							II d			A.	rrega	ally	
DIRECTOR	WV	10b. COUNT	mpshire	1111111111	y, town o princ								10d. INSIDE CITY LIMITS?  1 YES 2 A NO		
AL	10e. STREET AND NUMBER	1					101	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
E	P.O. Box	367						267	63			U	SA		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 C 3 Wildowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2X NO	Н	yes, sp	ecify Cubi	OF HISPANK an, Mexican, Specify:	, Puerto R	(Specify Yea	or No	Black	American Indian, k, White, etc.	
ETED		CEOENT'S EDU nly highest grade (0-12)			Give kind of a	work done d			ng	16b.	KIND OF BU				
를	unknown				homer	naker					own	hame			
TO BE COMPL	17. FATHER'S NAME (First, I		d Allen,	Sr.				18. MOT			chaid				
	19a. INFORMANT'S NAME				19b. MAILING	ADDRESS	(Street a	and Number	r or Aural Ro	oute Numbe	r, City or Tow	rn, State, Zip	Code)		
	Mary Ann	Brink	er Ait		9512	Bona	ir	Drive	e Mas	nasa	s, Va	2211	10		
	1 to Burial 2 - Cremat	20c. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 20c. LOCAL DATE 2								OCATION — City or Town, State Ramney, WV					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Betw.											Approximate interval Between Onset and Deat			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF)  C. DUE TO (OR AS A CONSEQUENCE OF)														
MEDICAL CERTIFICATION	PART II. Other algnific	ant condition	na contributing to	death but	not resulting	in the und	derlyin	g cause	given in P	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAR.	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:					LACE OF 0	EATH (Chec	ck only one					
200	1   YES 2   10		1 Impatient 2			-	ing Hom		esidence 6					~1.U/	
	27. MANNER-OF OEATH  1 Natural 5  2 Accident	Pending Investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. T/M	E OF URY M	WC	URY AT ORK? YES 2	- 1	28d. DE\$0	RIBE HOW	INJURY OC	CUREO		
בובה	• C • C • C	Could not be determined	28e. PLACE ( building	OF INJURY — , atc. (Specify)	At home, farm,	street, facto	ery, offic	a .		26f. LOCA City o	TION (Street Town, State)	and Number	or Rural F	Route Number,	
COMPLE			ICIAN: To the best of											) and manner as stated.	
O BE C	290. SHONATURE AND TITL	E OF CERTIFIE	· m	/	MI	)		113111111111111111111111111111111111111	2337			29d. DAT	E SÍGNED	Month, Day, Hears	
ĭ	30, NAME AND ADDRESS O	E DEDEON WH	O COMPLETED ON	105 OF BEAT	4750000		_						-		

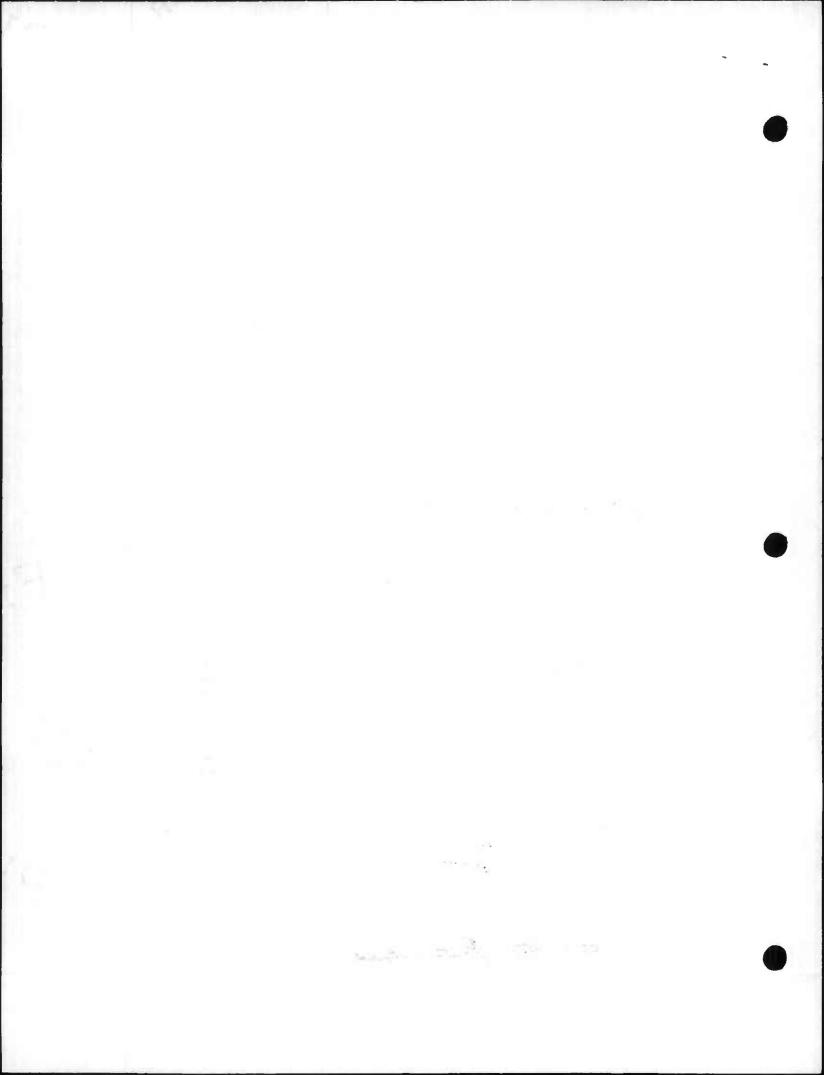
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Qamar Zaman-Johnson Height Medical Building-Cumberland, MD

31. DATE FILED (Month, Day, Year)

32. REGISTRARY SHORTURE

FEB 10 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The presence of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate for been among the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Director and Director after death with the State Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Director and Dir	IMPORTANT: If Item 28 is marked, or Item 23 towns of Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Working In the dea	TO THE FUNERAL DIRECTOR: After this certificate for been control to the att be filed within 72 hours after death with the State Directors. Menta	IMPORTANT: If Item 28 is marked, or Item 23 power up Injury,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		33 03831
	1. DECEDENT'S NAME (First, Middle, List)					2. DATE OF DEATH		3. TIME OF DEATH
	Larry	Wayne	C	rabtre	е	1 1 1 (		93 2:17P M
	4. SOCIAL SECURITY NUMBER 5, SEX	6. AGE (In )		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1.	BIRTHPLACE (State or Foreign Country)
	233-66-5600 X		7 YRS.	ONTHS DAYS	HOURS MIN.	12/25		Maryland
DIRECTOR	Rt 2 Box 66			Oldto			Allec	
딥	10e. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT				10d. INSIDE CITY
HIC	Maryland Allegan	У		umber1				LIMITS?
7	10e. STREET AND NUMBER			101	ZIP CODE		10a. CITIZEN	YES 2 NO
ER/	20 Managia 1 200	Dest			21502			
FUNERAL	38 Memorial Ave	S DECEDENT EVER IN U	S. ARMED	13. WAS DEC	21502 ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		A
	1 Never Merried 2 Merried	ACES? 1X YES YES, GIVE WAR OR DATE	2 NO	If yes, spe	cify Cuban, Mexice 2 X NO Specifi	n, Puerto Rican, atc.)		Black, White, etc. Specify:
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COMPLETED		ge (1-4 or 5 +)	Ille. Do NOT use	retired.)				
MP	12		Laborer					ction Co.
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE	Walter D. Crabtree					ne Alkire		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
	Josephine E. Crabtree			2 Box		Oldtow		
	©€∑Burlei 2 ☐ Cremation 3 ☐ Removal from	m Stale cemete	CV, crematory or other	r place)				y or Town, State
	21 SIGNATURE OF UNERAL SERVICE LICENSEE	Sa.	lem Ceme		D ADDRESS OF FA		anesvi	lle, W. Va.
	· 4 17	1/			er Funer			
	Day T. Mil				Paw, W.			
	23. PART I. Enter the diseases, or complic ahock, pr heart fallura. List on	ations that caused the cause on each	he daath. Do no h lina.	t anter tha mod	de of dying, auc	h as cerdiac or reap	iratory arrest	Approximata Interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death
	disease or condition resulting in death)	Arterioso	cleroti	c hear	t dise	ase		
					=2-			
NO	Sequentially list conditions,	Hyperchol		mia				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	UNSECUENCE OF):					
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):					
E	resulting in death) LAST		·					
ÄL	PART II. Other algnificant conditions contr	buting to deeth but	not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 [] YES :	NO	COMPLETION OF CAUSE DF DEATH?
M					<u>.</u>			1 TYES 2 NO
ž								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
YS		patient 2 - ER/Outpatie	ent 3 🗆 DOA   4	☐ Nursing Home	5 Residence	8 Other (Specify)		
표	27. MANNER OF DEATH 28	(Month, Day, Year)	28b. TIME	WO!	RK?	28d. DESCRIBE HOW	NJURY OCCUR	NED
B	2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	be. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, office		281, LOCATION (Street City or Town, State,	and Number or I	Rural Route Number,
COMPLETED	29e, CERTIFIER							
릴	(Check only   CERTIFYING PHYSICIAN: To							
8		) Deals of examination er	nd/or investigation,	In my opinion, de	eth occured at the	lime, deta end place, er	nd due to the co	euse(e) end menner ee stated.
BE	26. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM	IBER	29d. DATE SI	IGNED (Month, Day, Year)
2	- reny		Med ex		D 0915	7	]	1/10/93
	30 NAME AND ADDRESS OF PERSON WHO COMP			*	- 3 363	21500		
	paul Snow, M.D.	124 w 3rd		mberla	na Ma	21502		
	31. DATE FILED (Morith, Day, Year) 7 1993	REGISTANTS SIGNATE	IRE					
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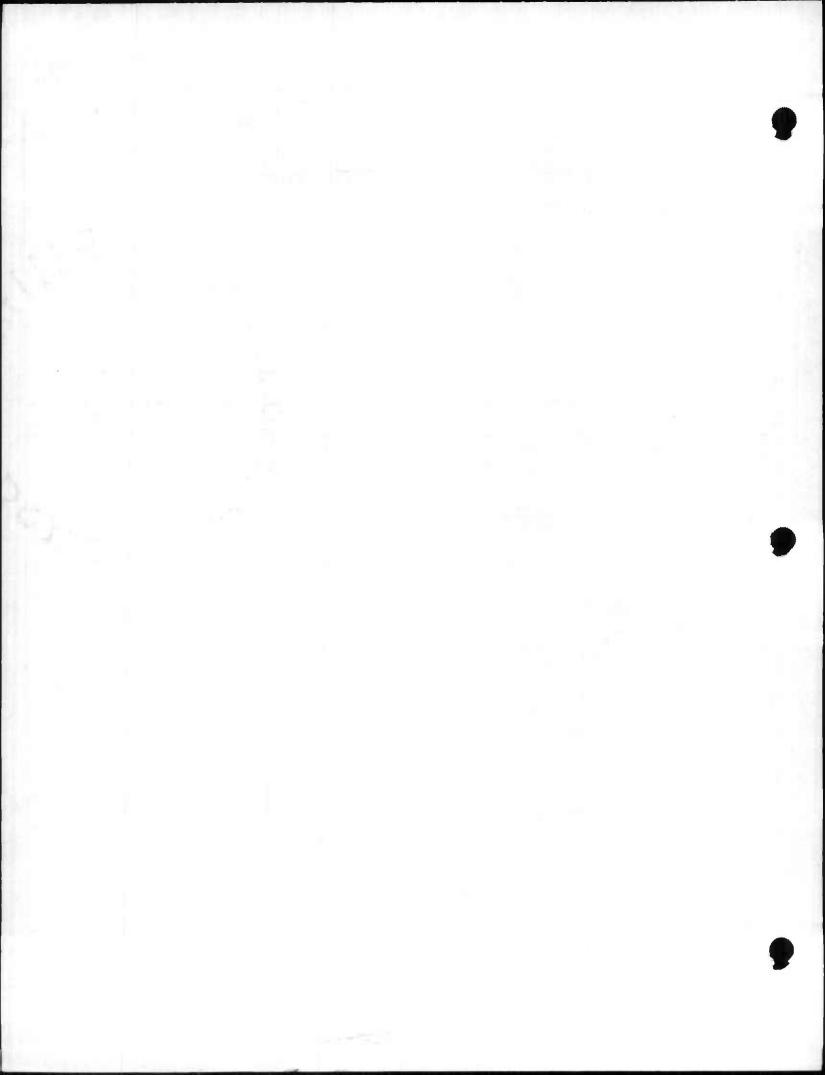
AND STATE OF THE PERSON

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN The personne that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certification has been somed by the attendance physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit narmit pages 1.2.3 should	be filed within 72 hours after death with the State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	IMPORTANT IS from 90 to mendood on the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac

		1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAI CERTIF	RTMENT OF	HEALTH AN	MENTAL HYGIEN	łE	93 03832	
		1. DECEDENT'S NAME (First, Middle, Last)  Belle S	. c	ROLLI				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 215-18-0408	5. SEX 1 M 2 XF	6. AGE (In y	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	04 D. W. 1		BIRTHPLACE (State or Foreign Country) Maryland	
9	5	9a. FACILITY NAME (If not institution, give s 28915 Kempto					Airy	DEATN		OMELA	
activistic and a second	Dinec	Maryland Mon	tgomery			ry, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
. VOUN		10e. STREET AND NUMBER 28915 Kempto					of. ZIP CODE 217	71		N OF WHAT COUNTRY?	
à	5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X.Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO X	If yes, s	CENDENT OF NIS pecify Cuban, Mes S 2 NO Spo	PANIC ORIGIN? (Specify Yellcan, Puerto Ricen, etc.)	a or No — 14	RACE — American Indian, Black, White, etc. Specify: White	
once.		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed)  College (1-4 or 5 -		(Give kind of life. Do NOT u	usual occupation work done during more retired.)  Proces	ost of working	U.S.			
# II	ı	17. FATNER'S NAME (First, Middle, Last)	Stone				18. MOTHER'S	NAME (First, Middle, Meiden lie May		rdette	
be notified		19a. INFORMANT'S NAME (Type/Print)  Clark D. Crol						oad, Mt.		Md. 21771	
anst		20a. METHOD OF DISPOSITION  XXSurial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		cemeter	y, crematory or o	Mem P	ark	1/12 Ro		y or Town, State le, Marylan	
al examiner		22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral H. Damascus, Maryland 20872-0117  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate									
event, the medical e		23. PART I. Enter the disease, or can be about the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the	a	679A	line.	ry du		uch as cardiec or resp	iratory arrea	t, Approximete interval Between Onset and Death	
or other traumatic		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
planes any inju		PART II. Other significant condition	a contributing to	death but r	not reaulting	in the underlyin	g ceuse given	in Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO	
or Item 23		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER: 4   Nursing Hon		Check only one)			
hours after death with the item 28 is marked, or PLETED BY PHYS		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Bural Route Number)									
item 28 is		4 Nomicide determined Dullding, etc. (Specify)  City or Town, State)									
TANT: 1		one) 2 MEDICAL EXAMINE					feath occured at t	he time, data and placa, an		ause(s) and manner as stated.	
IMPOR TO BE	- IL	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Som A.	UTG SE OF DEATH	(ITEM 27) (Area	Print)	DQ7	544	▶ Ja	n. 11, 1993	
		John A. Vitare:	10, M.	D., 3	10 We		Stree	t, Freder	ick,	Md. 21701	
		JANI 3 13	J. Julia	Lavido	n-Randa	02_					

	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Investment of the death certificate be executed within
8	TO THE FUNERAL DIRECTOR: After this cardificate harmonic to the attending physician and completely

	1. DECEDENT'S NAME (First, Middle, Last)	George Elr		non, Jr		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH  2235 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7 DATE OF BUILTH	S. BIRT	THPLACE (State or Foreign
	218-07-9764	1 M 2 🗆 F	74 YRS.	MONTHS OFF		(Month, Day, Year) 06/22/18	M	aryland
TOR	Dorchester Ger		ital	Cambri	age.	ATH	oc. county of Dorch	
DIRECTOR	10a. STATE 10b. COUNT	chester		ambridg				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10. STREET AND NUMBER 801 Radiance I				1. ZIP CODE 21613			what country? d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN ecify Cuben, Mexican 2 X NO Specify		Bie	CE - American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATION Work done during mo		16b. KIND OF BUS	NESS/INDUSTRY	
APL	11	2	Sales	man		Wire	Cloth	
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	Sumame)	
BE	George Elmer (	Cannon, Sr.				Johnson		
5	J. Richard C	lannon	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			cambrid		21613
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE	OF DISPOSITION (Na			ATION - City or	
	1 Striel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	F	netery, cremetory or o	Market	Cem.			arket, MD
	21. BIGHATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	ND ADDRESS OF FAC	Thomas 700 Lo	Funer cust S	al Home treet
IL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):				
4	PART II. Other aignificent condition	a contributing to deeth b	out not resulting	In the underlying	g ceuse given in i	Pert I. 24e. WAS AN A PERFORM	NED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICA								1 VES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		NO NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che			VES TO NO
PHYSICIAN:	EXAMINER?		28b, TIM	OTHER: 4 Invaling Home IE OF 28c. INJURY WO	e 8 🗆 Residence I		JURY OCCURED	1 U VES. 7 I NO
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	00004
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF GEATH	3. TIME OF OEATH
	Valerie Cornish MONTY - 2X -993	2:15 A M
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)   4. SOCIAL SECURITY NUMBER   4. SOCIAL SECURITY NUMBER   5. SEX   8. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   IF UNDER 1 YEAR   MIN.   4. SOCIAL SECURITY NUMBER   7. DATE OF BIRTH (Month, Day, Year)   4. SOCIAL SECURITY NUMBER   7. DATE OF BIRTH (Month, Day, Year)   4. SOCIAL SECURITY NUMBER   7. DATE OF BIRTH (Month, Day, Year)   4. SOCIAL SECURITY NUMBER   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (Month, Day, Year)   7. DATE OF BIRTH (MONTH, DAY, Year)   7. DATE OF BIRTH (MONTH, DAY, Year)   7. DATE OF BIRTH (	NPLACE (State or Foreign fry)  D.
Œ.	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF E  OF DOUGLAS STREET  ORAL RIGGE  DORC	LOSTOP
DIRECTOR	RESIDENCE OF DECREENT  10s. STATE , 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
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D BY	3 Widowed 4 Divorced	Black
once.	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Castaou
once.	17. FATHER'S NAME (First, Middle, Lest),  18. MOTNER'S NAME (First, Middle, Meiden Surreirie)	raciony
BE C	JAMES HENRY CORNISM MATERIAL Number City or Flows State 7(0 Code)	·wS
to BE COM	Loretta Cornish 615 Douglas St. Cambrid	ge MD.
must	1X Burlal 2 Cremetton 3 Removal from State other plage) 4 Donation 5 Other (Specify) Bethel Cemetery Cambric	Joens MD.
aminer	21. SIGNATULE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  HENRY FUNERAL HOM	
medical examiner	23. PART Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	Approximata
the me	About a hock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition a About CARC / NOMA OF EVDO METRIUM.	Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):	Jean
other traumatic event,	Sequantially list conditions, If any, leading to immediate  D.  OUE TO (OR AS A CONSEQUENCE OF):	
her tra	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  C.  DUE TO (OR AS A CONSEQUENCE OF):	
늘	resulting in death) LAST	
클 _	PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24	Nb. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	1 □ YES 2 NO	OF DEATH?
ed, or item 23 PHYSICIAN:	EXAMINER?    HOSPITAL:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER	
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86 ⊞ ₩ □	3 Suicide 6 Could not be building, etc. (Specify)  286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	l Route Number,
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	IN SIGNATURE AND TITLE OF CERTIFIER ( )	FO Month One Year)
IMPORTANT: TO BE CO	Muchaela. Moshem D D-16609 >1/29	1/93
	MICHGEL A. MOS KEWICZ M.D 503 Byrn St. Cambi	x.d. 01413
,	31. DATE SUED (Month, pay, 1904)  32. hearstrains signature  Gulla Davidson-Wandell	

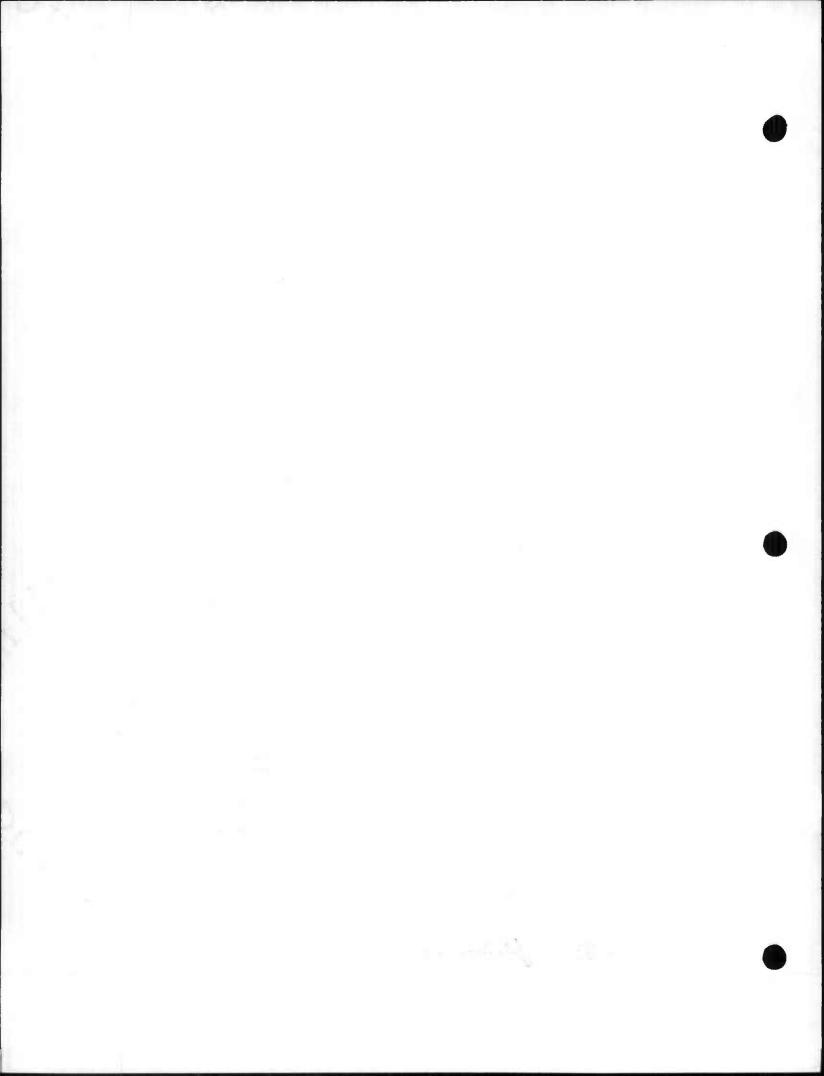
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		CERTIFI	CALE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	ast)				2. DATE MONTH	OF DEATH	/ YE		TIME OF DEATH
Sterling 4. SOCIAL SECURITY NUMBER	Bert		Cavin		01	28	199	3	2230
216-82-8190	5. SEX 6. A	GE (In yrs. lest birthday)  18 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	(Month	DE BIRTH ( Day, Year) 7 24,19	C	Country)	ACE (State or Forei
9a. FACILITY NAME (If not inetitution, gi	ive street end number)		9b. CITY, TOWN O	OR LOCATION OF DI		24,13	9c. COUNTY		ryland
Rear of- 11500 Patriot	Lane		Poto	mac			Mont	gon	nery
11500 Patriot RESIDENCE OF DECEDENT 108. STATE Maryland 108. COU		10c. CITY	Silver S	Spring					INSIDE CITY
				ZIP CODE	_		10g. CITIZEN		YES 2 NO
100. STREET AND NUMBER 502 Southampton 11. MARITAL STATUS 1X Never Marind 2 Married	Drive, Apt.	"A".		2090	3			J.S.	
3 Widowed 4 Divorced	12. WAS OECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spe	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	in, Puerto P	? (Specify Yes o		Black, W	American Indian, White, etc. White
15. DECEDENT'S E (Specify only highest gi		16a. DECEDENT'S L	ork done during mos	ON st of working	16b.	KIND OF BUSI	INESS/INDUSTI	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIn emi	ployed			C+++	dent		
Elementary/Secondary (0-12)  1 1  17. FATHER'S NAME (First, Middle, Last)	)		Pacyca	16. MOTHER'S NA	ME (First, A				
Sterring Lee				Joyce					
Joyce Cavin				nd Number or Rural					
20s. METHOD OF DISPOSITION	T	20b. PLACE AND DATE OF		on Dr., Ap	OE. A		r Spri		
1X Buriel 2 Cremation 3 R 4 Donation 8 Other (Specify)	Removal from State	Ft. Lincol	her place)	2-4-9	1		twood,		
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BALTIMORE, MARYLAND 21215-0020

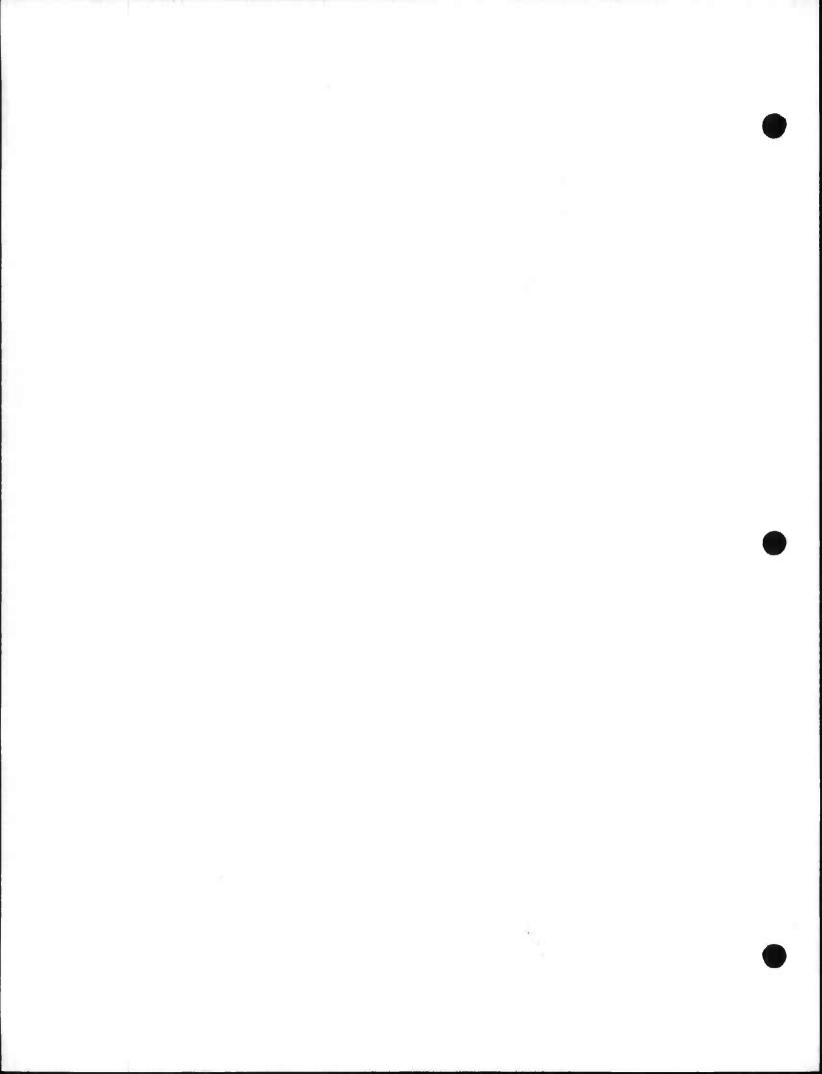
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 1	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause	on esch line.								interval B	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (0 b. Fungus OUE TO (0 c. Phlebit: Due To (0 c. Lymphoma  d. Lymphoma  ne contributing to de  HOSPITAL: 1   Inpatient 2   E  28e. DATE OF IN (Month, Dey,  28e. PLACE OF I building, etc.  ICIAN: To the best of me	OF DEATH (ITEM	DUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE OF BUENCE	26. OTHER:  Y Nursing Ho OF 28c. If I reet, factory, off	PLACE OF DEATH (C) THE 5 Residence AUGHY AT YES 2 ND Ica The and place, and dudenth occurred at the	s Other (S 28d. DESCR 28f. LOCATH City or 1	PERFORM  YES 2 1  Pecify)  IBE HOW IN.  ON (Street endown, State)  e) and mannd d place, and	JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY OCC  JURY O	or Rural F	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF C OF DEATH?  1 YES 2 1	NDMGS TO AUSE



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DOROTHY P. CROCKETT

	1 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In )	yrs. lest birthde		ER 1 YEAR	IF UNDER	24 HRS.		OF BIFTTH		8. BIRTHPLA	ICE (State or Foreign
-		214-30-0900	)	1 □ M 2XXF	90	) YRS	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) Y 7, 1	902	Country) NEW H	AMDCHIDE
3 should	- 8	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH					902 NEW HAMPSHIRE  9c. COUNTY OF DEATH		
2,3	8	SUBURBAN HO					BE	THES	SDA				MONT	IGOMER	v
	[[	RESIDENCE OF DEC	10b. COUNTY			100 (	ITY, TOWN	00.100	TION						
регтій. Pages 1.	DIRECTOR	MARYLAND		OMERY			CKVI		TION .					-	I, INSIDE CITY LIMITS? YES 2 NO
Det :	3₹	10e. STREET AND NUMBER						10	of. ZIP CODE	E			10g. CITI	ZEN OF WHA	T COUNTRY?
an. Transi	FUNERAL	1000 VEIRS MILL ROAD 20851 UNITED ST										ATES			
attending physician. se as the burlal-transit	B≺	1 Never Married 2 🔀	11. MARITAL STATUS 1  Never Married 2  Married 2  FORCES? 1 YES, GIVE WAR O					II yee, a	CENDENT Opecify Cuba S 2XX NO	n, Mexica	n, Puerto	I? (Specify Yes Rican, etc.)	or No-	Black, W Specify:	American Indian, hite, atc.
	ETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	10	6a. DECEDENT			ION lost of worldn	ıa .	16b	KIND OF BUS	SINESS/INC	USTRY	
spital of for	APLE	Elementary/Secondary (0	1-12)	College (1-4 or 5 5+		TEACHI	use retired.	)				ONTGO!		COUNT	Y PUBLIC
be det	E COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)													
retained 5 should notified	00	19a. INFORMANT'S NAME (Types/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)													
5 5	임	PRISCILLA A	. COX			1000	VEI	RS M	ILL R	OAD	, ROC	CKVILLI	E. MA	RYLAN	D 20851
P B		20a. METNOD OF DISPOSITE LA Surial 2 Crematic Communication 5 Other	n 3 🗆 Reme	oval from State	cemete	LACE AND DATE  ORGE V	EOF DISPO	SITION (N	lame of 2/	1/93	DAT	E 20c. LO	CATION —	City or Town,	State
		21. SIGNATURE OF JUNERA		MEE	-   GE	OKGE V	22	. NAME A	ND ADDRES	S OF FA	ситу Е	OBERT	A. P	UMPHRI	EY FUNERAL
2 2 2		HOME/ROCKVILLE, INC. 300 WEST MONTGOMERY AVENUE, ROCKVILLE, MARYLAND 20850-2805													
E 3 E		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
y fille the		mid-fat between												Onset and Death	
a lo	z	due to (or as a consequence of):													
sician orior b	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
sath certifical ittending phy tal Hygiene i	CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
The are	- 1	PART II. Other significa	nt condition	s contributing to	death but	not resultin	g In the u	ınderlyir	ng cause g	jiven in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
The De	EDICAL	4 CI VES A MINO											co	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
1	Σ										YES 2 NO				
he last be Dept at 23	AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
	SIC	EXAMINER?		HOSPITAL:	ER/Outpatio	ent 3 🗆 DDA	OTHE	R:	me 5 🗆 Ra	Danie.					
NG PHYSICIAN: The The State with the State marked, or ite	PHY		Pending	28a. DATE OF (Month, L	INJURY	28b. 1	IME OF NJURY	28c. IN	JURY AT ORK?			PRINCE (Specify) DESCRIBE HOW INJURY OCCURED			
DR ATTENDING PHYSICIAN: DIRECTOR: After this Certifica nours after death with the St tem 28 is marked, or it	ED BY	3 Suicide 8	Investigation  Could not be determined	28e. PLACE ( building	OF INJURY — , etc. (Specify)	At home, farm	ı, street, 1a					ATION (Street a or Town, State)	and Number	or Rural Route	Number,
	PLET	29a. CERTIFIER (Check only	TIFYINO PNYSI	CIAN: To the bast of	f my knowled	ge, death occ	irred at the	time, dat	e and place,	and due	to the cau	ree(a) and man	ner as stat	led.	
HOSPITAL FUNERAL Within 72 TANT: If	COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of e											d manner as stated.
To the hospit to the funer/ be fied within 7 important: I	TO BE	296. SIGNATURE AND TITLE	JF	ELO A	Su-	>			D 2		90		29d. DAT	SIGNED (MG	93
	-	LOUIS KO	2LOP	F NP				WE.	Be	THE	SDA	, MD.	20	814	
		31. DATE FILED (Month, Day,	Year)	32. REGISTR											
		FEB 02 9	13	Julia De	VidAmA.	and le									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

03837

0630 A M

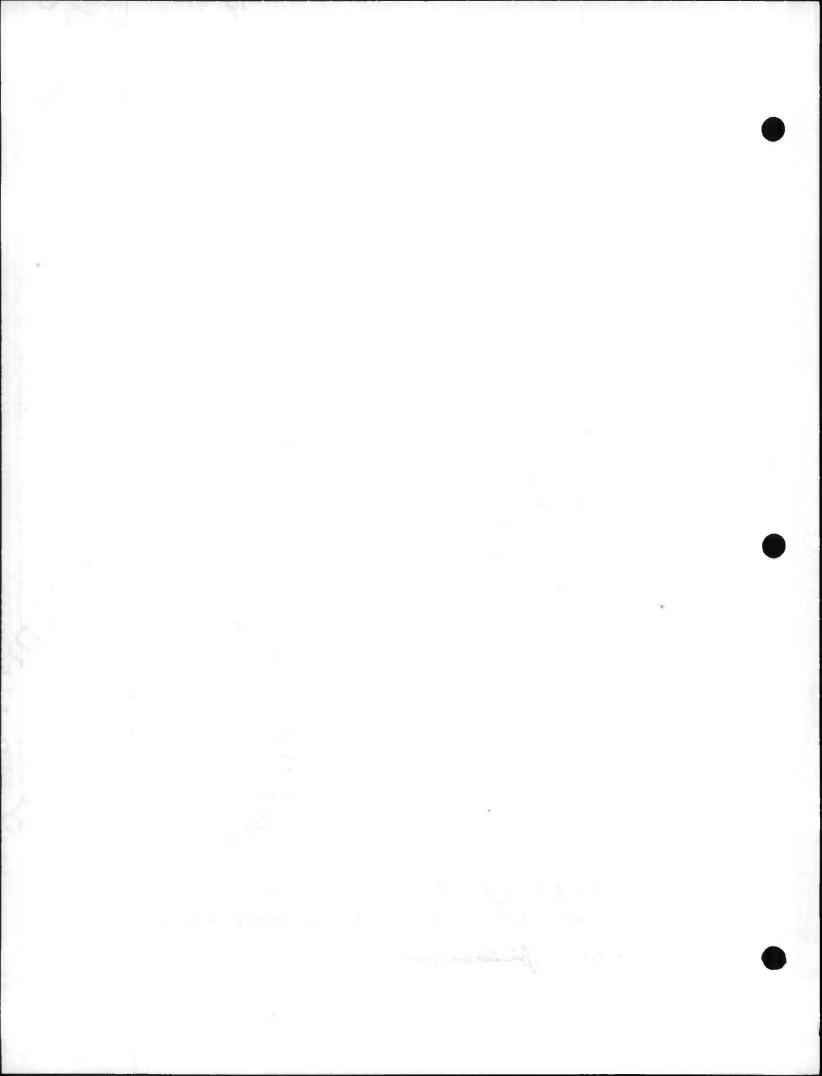
3. TIME OF DEATH

DNMH-18 Rev 1/89

93

93 YEAR

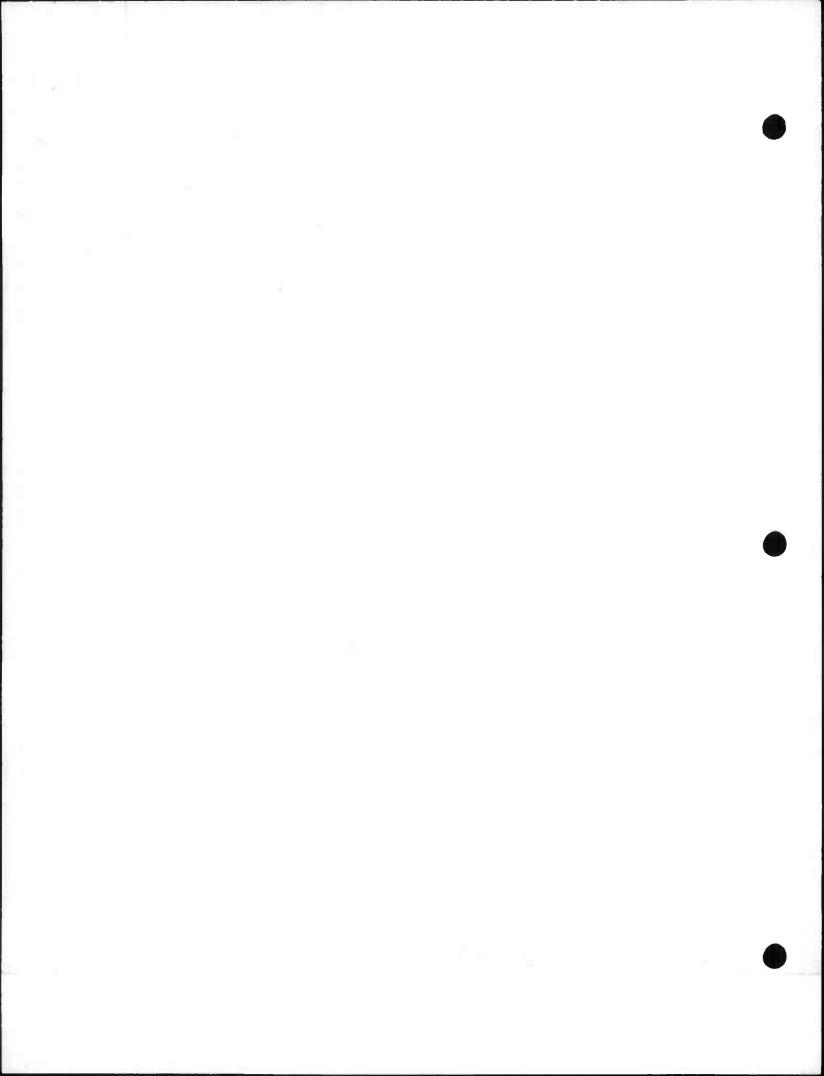
2. DATE OF DEATH



DALLIMORE, MARTLAND	fter death. Page 6 may be retained by the hospit	the funeral director, page 5 should be detached	oval.	al examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law notine the second of the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been winned by a manufacturing through the completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. or However the filed within 72 hours after death with the State Dept. or However the filed within 72 hours after death with the State Dept. or However the filed within 72 hours after death with the State Dept. or However the filed within 172 hours after death with the State Dept. or However the filed within 172 hours after death with the State Dept. or However the filed within 172 hours after death with the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept. or However the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	-	_	_	_	_

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIENE REG. NO.	93	03838	
1	1. DECEDENT'S NAME (First, Middle, L	est) ERMAK	Anna Cerm	ak		DATE OF DEATH DAY	728/93 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	a Bipri	IPLACE (State or Foreign	
	212-74-5529  9a. FACILITY NAME (If not institution, g		YRS.	121		(Month, Day, Year)] / 11-23-01		choslovakia	
E .	Brookegrove N		96	Olney	PR LOCATION OF DEATH		Montgor	0.00	
DIRECTOR	RESIDENCE OF DECEDENT		I so CITY TY	OWN OR LOCAT	2011		Honegor		
DIR	MD	lontgomery	20 10 10	ney	ron .		i i	10d. INSIDE CITY LIMITS?  1 [X] YES 2   NO	
3AL	10e. STREET AND NUMBER				. ZIP CODE	1	10g. CITIZEN OF Y		
FUNERAL	18430 Brookeg	rove Road  12. WAS DECEDENT EVER I	NIIS ARMED		20832 ENDENT OF HISPANIC O		U.S.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spi	ecity Cuban, Mexican, Pr 2 NO Specify:	received the property was property with the property was property with the property was property with the property was property was property with the property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property was property wi	r No— 14. RACI Blaci Spec	E — American Indian, k, White, etc. <sup>My:</sup> White	
E	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16a, DECEDENT'S USL (Give kind of work	done during mo-	ON st of working	16b. KIND OF BUSIN	IESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Housewi:			Homemal	kor	1	
OM	17. FATHER'S NAME (First, Middle, Last,		nodocwi		18. MOTHER'S NAME (	First, Middle, Maiden Su			
BE (	John Gildan				Mary Lor				
5	196. INFORMANT'S NAME (Type/Print) Paul Cermak		J		nd Number or Aural Aoute Lake Drive			MD	
1	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 1	200	PLACE AND DATE OF D	ISPOSITION /Na	me of	DATE 20c. LOCA			
	4 Donation 5 D Other (Specify)	1	retery, cremetory or other in Greenwood			1-19 <b>9</b> 3Pitt	tsburgh,	PA	
	21. SIGNATURE OF FUNERAL SERVICE	Curaliti		Hines	S-Rinaldi New Hamp	Funeral Ho		er Spring, MI	
	23. PART I. Enter the diseases, shock, or heart failu	or complications that cause ire. List only one cause on e	the death. Do not e	enter the mo	de of dying, such as	cardiac or respirat	tory arrest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	C	CEMIF	)				Onset and Death	
TION	Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):  CEULLITIS OF ISCHIEMIC ULUER  Due to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COUE TO (QR AS A	CONSEQUENCE OF):						
	DATE II Other plantiles at an el	d.							
CAL	PART II. Other significant condi	MELLITU	ut not resulting in the	he underlying	cause given in Par	PERFORME	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?				ACE OF DEATH (Check of	only one)			
IXSIG	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	etlent 3 DOA 4		5 Residence 6				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati	28a. DATE QF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO		d. DESCRIBE HOW INJU	URY OCCURED		
8	3 Suicide 6 Could not 4 Homicide determine	buliding, etc. (Spec	— At home, farm, stree	t, factory, office	281	LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,	
COMPLET		HYSICIAN: To the best of my know MINER: On the besis of examination						i) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERT	we.			29c. LICENSE NUMBER	D 2	P 1-29	(Month, Day, Year) 3-93	
-	30. NAME AND ADDRESS OF PERSON	HOWE.		ZNE	J MA	RYLAN.	N		
		11000		WALLE.	7 7 7	TI TIV	1 1		



3. TIME OF DEATH

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STATE REGISTRAR

A SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

ERLE H. COLLINS

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8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 072-10-6355 87 1 🔀 M 2 🗍 F VRS Dec. 1, 1905 Alabama for use as the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bethesda Retirement & Nursing Center Chevy Chase DIRECTOR Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 TES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6017 Bradley Blvd. 20817 United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto R
1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES ВУ Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Salesman Hardware detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eddy McIntyre 2 George W. Collins 10 BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Gode) 2 George E. Collins, DDS 6017 Bradley Blvd., Bethesda, Maryland 20817 9 20s. METHOD OF DISPOSITION
1 1 Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 2/3/93 DATE 20c. LOCATION - City or Town, State must Pawtuxet Memorial Park 4 Donation 5 Other (Specify) Warwick, Rhode Island 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave., Bethesda, MD 20814-3501 ulu M00198 tolere and by the attending physician and completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) Cardiopulmonary Arrest executed within event, DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL that the 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO wayany. PLETION OF CAUSE 1 YES 2 K NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificant in with the State EXAMINER?

1 YES 2 XNO HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) rrt 2 - ER/Outpetlent 3 - DOA ATTENDING PHYSICIAN 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 KNatural 5 Pending Investigation DIRECTOR: After the hours after death v ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide S S 29s. CERTIFIER
(Check only) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) and manner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated, NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (M) onth, Day, West) 0 D08544 8 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J.) John Merendino, M.D. 4701 Randolph Road, Rockville, Maryland 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE '93 Lulia Davidson Roodelle OHMH-16 Rev 1/89

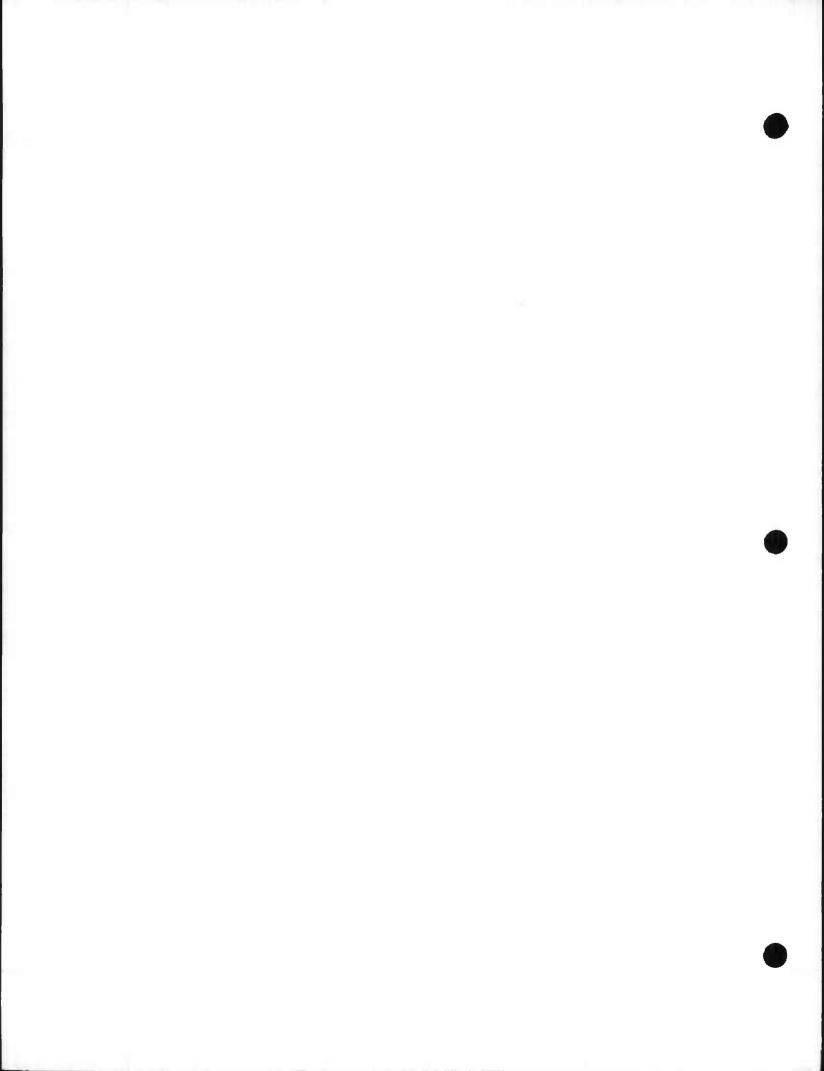
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

February 1,

DAY



DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First	-	CHARLES I	HOMER	CO(	OK					MONTH	f D/	. 19º	YEAR	3. TIME OF DEATH 4:55 DM
	4. SOCIAL SECURITY NUMBER		5. SEX								7. DATE	OF BIRTH		6. BIRTHE	PLACE (State or Foreign
- 1	236 - 44 -	5651	1 💢 M 2 🗆 F	(	61	YRS.	WONTHS	DAYS	HOURS	MIN.	Octo	ber 2,	1931	West	Virginia
œ						Pre. Inset berinday.  1978. In the introduction of Death  198. CITY, TOWN OR LOCATION OF DEATH  COLUMbia  198. CITY, TOWN OR LOCATION OF DEATH  COLUMbia  198. CITY, TOWN OR LOCATION  Glen Burnie  199. CITY, TOWN OR LOCATION  Glen Burnie  190. CITY, TOWN OR LOCATION  Glen Burnie  190. CITY, TOWN OR LOCATION  Glen Burnie  190. CITY, TOWN OR LOCATION  Glen Burnie  191. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. RACH Biles)  198. ARMED  198. Specify Cuben, Mesican, Purior Rican, etc.)  198. KIND OF BUSINESS/INDUSTRY  (Silve kind of work claim during most of working files. Do NOT use refined)  198. MAILING ADDRESS (Street and Number or Furni Room Number. City or Town, State, Zip Code)  7853 Sellner Road, Apt 41, Jessup, Marry  PLACE OF DISPOSITION (Name of commetery, cramatelary or Specify)  120. MAILING ADDRESS (Street and Number or Furni Room Number. City or Town, State, Zip Code)  7853 Sellner Road, Apt 41, Jessup, Marry  PLACE OF DISPOSITION (Name of commetery, cramatelary or Specify)  121. Talbott Ave. Laurel, Maryla  122. NAME AND ADDRESS OF FACILITY  Donaldson Funeral Home, P.A.  313 Talbott Ave. Laurel, Maryla  11 (The 20) Hoursing Home s   Residence 6   Other (Specify)  28. PLACE OF DEATH (Check only one)  128. Title Dr 280. MLAURY AT 280. DESCRIBE HOW INJURY OCCURED  129. Title Dr 280. MLAURY AT 280. DESCRIBE HOW INJURY OCCURED  100. At home, farm, street, factory, office 280. LICENSE NUMBER  280. LICENSE NUMBER  281. LOCATION (Street and Number or Runs of Specify)  282. LICENSE NUMBER  283. LOCATION (Street and Number or Runs of Specify)  284. LOCATION, Street and Number or Runs of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place, and due to the cause of Specify State and Place,		ATH							
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DIRECTO	10a. STATE	100000000000000000000000000000000000000									JANUARY 30, 1993  INRS.  7. DATE OF BIRTH (Month, Day, Near) October 2, 1931  We  TO F DEATH  10g. CITIZEN O HISPANIC ORIGIN? (Specify Yea or No— HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  10g. CITIZEN O HOWARD  11d. R R R R R R R R R R R R R R R R R R R		10d. INSIDE CITY LIMITS?		
	4. SOCIAL SECURITY NUMBER  236 - 44 - 5651  9a. FACILITY NAME (II not Institution, give street and number)  Lorien Nursing Home  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel  10c. STREET AND NUMBER  1215 Kimberly Lane  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  Grade 6  17. FATHER'S NAME (First, Middla, Last)  RUSSell Clyde Cook  19a. INFORMANT'S NAME (Type/Print)  Beatrice A. Cook  20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Xemoval from State 4 Donellon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. PART 1. Enter the diseases, of complications that caused shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on as a shock, or heart failure. List only one cause on a shock or heart failure. List only one cause on a shock or heart failure. List only one cause on a shock or heart failure. List only one cause on a shock or heart failure. List only one cause on a shock or heart failure.		Gle	n Bu				_				1 XYES 2 NO			
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18					19b	MAILING	ADDRES	S (Street					n, State, Zip	Code)	
TO BE	Beatrice A.	Cook			7	853	Sell	ner	Road	l, Ar	ot 41	, Jess	up, l	Mary]	land 20794
must be	1 🗌 Buriel 2 🗌 Cremeti	on 3 XRam	oval from Stata		other pla	ce)			emetery, crea	matory or				-	
		-	CENSEE	- H∈	bro	n Ce			AND ADDRE	SS OF F	ACILITY	[ Sp∈	a. BIRTHPLACE (State or Foreign Country)  2,1931 West Virginia  9c. COUNTY OF DEATH HOWARD  10d. INSIDE CITY LIMITS? 1 XYES 2 NO  10g. CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indian, Black, White, etc. Specify: White  BUSINESS/INDUSTRY  15. COnstruction  16. Construction  16. Construction  17. West Virginia  18. Construction  19. Approximate Location — City or Town, Stata  19. P.A.  19. Approximate Lintarval Batween Onset and Death  19. Completion of Cause Of DEATH?  1 YES 2 NO  19. OW INJURY OCCURED  19. Approximate Lintarval Batween Onset and Death  19. Completion of Cause Of DEATH?  1 YES 2 NO  19. OW INJURY OCCURED  19. Approximate Lintarval Batween Onset and Death  19. Completion of Cause Of DEATH?  1 YES 2 NO		
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ry, or other traumatic event, the medical e	disesse or condition resulting in death)  Sequentially list condi if any, leading to immecause. Enter UNDERLY CAUSE (Disesse or inj	tions, odiate //ING ury	b. Struk DUE TO Secure	(OR AS A	CONSEC	DUENCE O	rn: Lust rn:	who	0	ulm	6	Mo			Onset and Death
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ВУ РН	~	Pending Investigation	(Month, E	Pay, Year)		IN	M	1 [	YES 2	□ NO					
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE C building,	otc. (Spec	— At ho	me, farm,	street, fa	ctory, of	fice					er or Rural F	Route Number,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH DORRIS BINDER CRONIN 2. DATE OF DEATH 73 DORRIS 4. SOCIAL SECURITY NUMBER 5 AGE (In ure last hirthday) 7 DATE OF BIRTH A. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 139-12-3917 1 M 2 F MONTHS DAYS HOURS MIN. VRS 7/19/23 New Jersey 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY: TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR Howard County General Hospital Columbia Howard RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 X NO Maryland Howard Columbia 10e. STREET AND NUMBER 101 ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 9414 Book Row 21046 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED Il yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify White BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Employees Township of Elementary/Secondary (0-12) College (1-4 or 5+) Secretary Hamilton 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William D. Binder Doris Broad BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 0 Rene Wasserkrug 9414 Book Row, Columbia. Maryland 21046 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20s. METHOD OF DISPOSITION
1 to Burlel 2 □ Cremation 3 to Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION - City or Town, State Greenwood Cemetery Trenton. New Jersey 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARRY H. WITZKE FUNERAL HOME Tarr 4112 Old Columbia Pk .Ellicott Md. 21043 23. PART I. Enter the diseases, or complications that eached the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. **Approximete** Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition\_\_\_ Pneumonia resulting in death) OUE TO OR AS A CONSEQUENCE OF): CHONIC OBSTRUCTIVE PULLOWARY DISEOSE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ADBNOCANCINONA Of LUNG CAUSE (Disesse Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO MUSOCORDIAL InfAICTION COMPLETION OF CAUSE 1 YES 2 NO SECONOMY TO THOTHER VESTELAL MACRE 1 HYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: getlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending М BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29b. SIGNATULE 29c LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

> WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11055

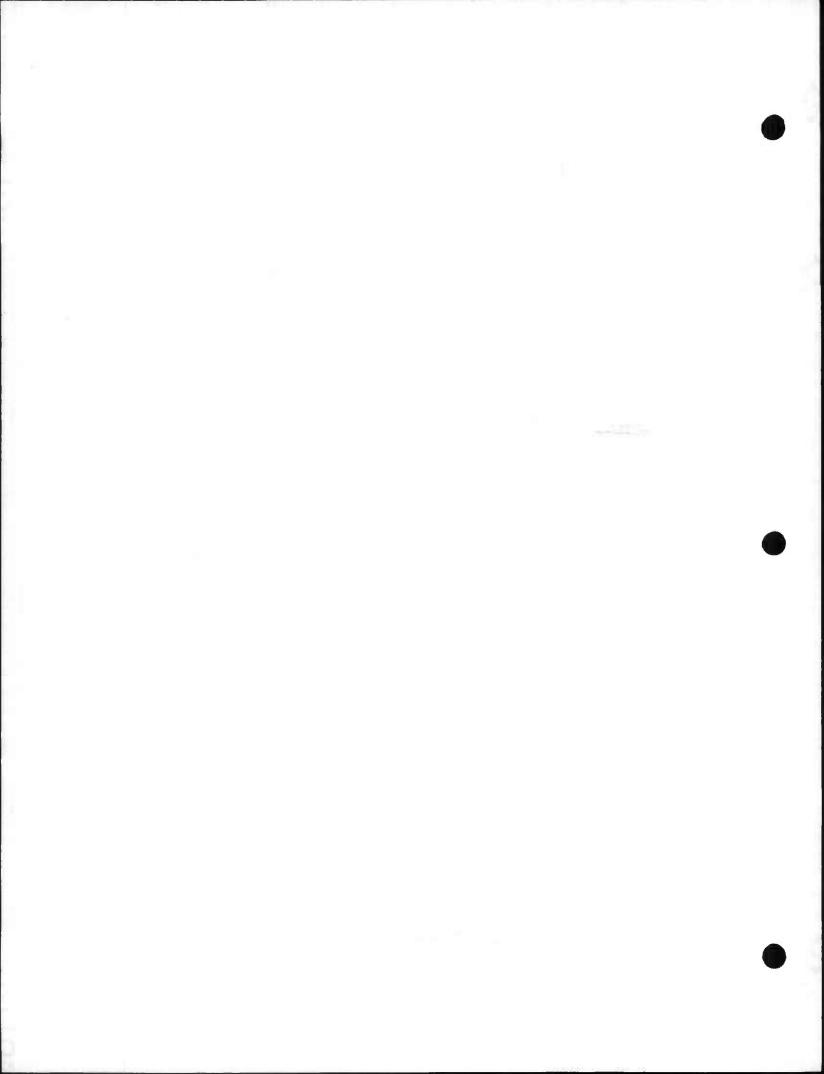
32. REGISTRAR'S SIGNATURE is Davidson-Randon .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	i.					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
		RICHARD	С.		CARTER		01 23	1993	9:45 A M				
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign,				
		230-48-2017	1/2M2 DF 5	Z YRS.	MONTHS DAYS	HOURS MIN.	(Month; Day, Year) 05/03/3	9 0	ountry < A Part				
2000		9a. FACILITY NAME (If not institution, give sti	set and number)		9b. CITY, TOWN	OR LOCATION OF DE	0 -0 0	9c. COUNTY (	OF DEATH				
	E	134 FIRST ST	•		SALIS	BURY		WICON					
<u>,                                     </u>	E	RESIDENCE OF DECEDENT											
	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS											
	<u>a</u>												
E C	AL	10a. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
É	FUNERAL	134 First St	<b>-</b>			9 (80)		1.1	13 A				
	3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	a or No.— 14. 1	RACE — American Indian,				
5		1 Never Married 3 Married	FORCES? 1 YES		If yes, at	Decity Cubert, Mexica	n, Puerto Rican, etc.)	ACO U	Black, White, etc.				
2	ВУ	3 Widowed 4 Divorced	. TEG, GIVE VAIL ON	JAN 23	I TES	NO Specin	<i>γ</i> :		Specify: Black				
3	8	15. DECEDENT'S EDUC (Specify only highest grade of			USUAL OCCUPATI		166. KIND OF BU	SINESS/INDUSTI	RY				
5	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT u	work done during me se retired.)	ost of working	1 1 1	C 11					
	귤	Secondary		Longh	ife Nu	Sules	Long L	ite No	USURY				
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	\	3		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
Ħ	В	Peter Cur	tor			Matt	is Con	101	/				
notified	0	19a. INFORMANT'S NAME (Type/Print)	Wirgina 1	U 19b. MAILING	ADDRESS (Street	and Number or Rural I	South Number City or Toy	vn, State, Zip Code	-1				
noti	5	Note that	Carlo C	907	BI	2.11.6	1	116	110				
2	3	20a, METHOD OF DISPOSITION	La Per	10 4	- 0	SOUTH C	01 06	LING DUC	1 140 2184				
must		1 Burial 2 Cremation 3 Remo		hb. PLACE AND DATE metery, crematory or o		ame of	DATE 20c. LC	CATION — City	or Town, State				
		22. NAME AND ADDRESS OF FACILITY LEGIC N WATSON Funeral LEGIC											
i. examiner		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	MACE		LEW	ND ADDRESS OF FA	7500 Fune	ral 14	one_				
_ &		wo			4. KS	+ 21.	Salish	ww. M	1. 21801				
ica!	7	23-PART I. Enter the diseases, or or	omplications that cause	ed the death. Do	not entar the mo	ode of dving, suc			Approximata				
or removal medical		shock, or heart fallure. L	ist only one cause on	each line.				matory arroad,	interval Between				
	- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  **ARTERIO SCUERTTO CARDIOVASCULAR PISEASE  Onset and Death											
al, cremation, event, the		resulting in death)		A CONSEQUENCE D		JASCULA	- KUPH	76					
- b			DUE TO (OR AS	A CONSEQUENCE D	r):								
rior to burial, traumatic e	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause Enter INDERLYING											
prior to	FA												
	일	CAUSE: (Disease or Injury  CAUSE: (Disease or Injury  DUE TO (OR AS A CONSEDUENCE OF):											
other other	Ē	that initiated events resulting in death) LAST	DUE TO (ON AS	A CONSEDUENCE O	r).				i				
Mental Hygiene jury, or other	E E	d.											
		PART II. Other significant conditions	contributing to death	but not resulting	In the underlyin	g cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
S 20	DICAL	CHRONIC A	COHIOLICIAN				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
e de la		08.01.10	0011-0171				1 XYES :	!   NO	OF DEATH?				
show.	M						_ /		1 NES 2 NO				
12	Ë												
11 EZ m	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)						
0.5	YSI	1)XYES 2 □ ND	1 Inpetient 2 ER/Out	tpatient 3 🗆 DOA		ne 5 KResidence	6 Other (Specify)						
# <b>9</b>	Ŧ	27. MANNER DF DEATH	28a. DATE DF INJURY (Month, Day, Year)			JURY AT	28d. DESCRIBE HOW	NJURY OCCURE	D				
marked,	BY	1 Natural 5 Pending 2 Accident trivestigation	(Month, Bay, Total)	""		YES 2 ND							
r dea		3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term,	street, factory, offic	:0	281. LOCATION (Street	and Number or Ri	ural Route Number,				
afte 28	TED	4 Homicide determined	building, etc. (ape	вспуу			City or Town, Stete						
hours after death with the Item 28 is marked, or	E	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of my koo	wledge doub source	-d -a sk. sk								
N ==	COMPL	(Check only one) 2 X MEDICAL EXAMINES	HAN: To the best of my know	on and/or Immetication	ed at the time, date	end place, end due	to the cause(e) end ma	nner as atated.	use(e) and manner as stated.				
ANT	8	A		on endor investigation	on, in my opinion, i	seath occured at the	time, date and place, er	id due to the cau	use(s) and manner as stated.				
be filed within 72 I	ш	296. SATHATURE AND TITLE OF CERTIFIER	1 5 2.1			29c. LICENSE NUM	IBER		NED (Month, Day, Year)				
M P	TO B	17 - 4 - BO	WITM			O.C.M.	E	01-	24-1993				
	=	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED GALISE OF D		, Print)								
		MARIO P. GOL	UE, JR M	D 111 1	N. PENN	ST. BA	LTIMORE.	MARYL	AND 21201				
	. 1	JAN 26 1993	1.32. DESINDANG SA	andella									
- 4	3	1 .1AN 2 6 1993 9	marining.										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



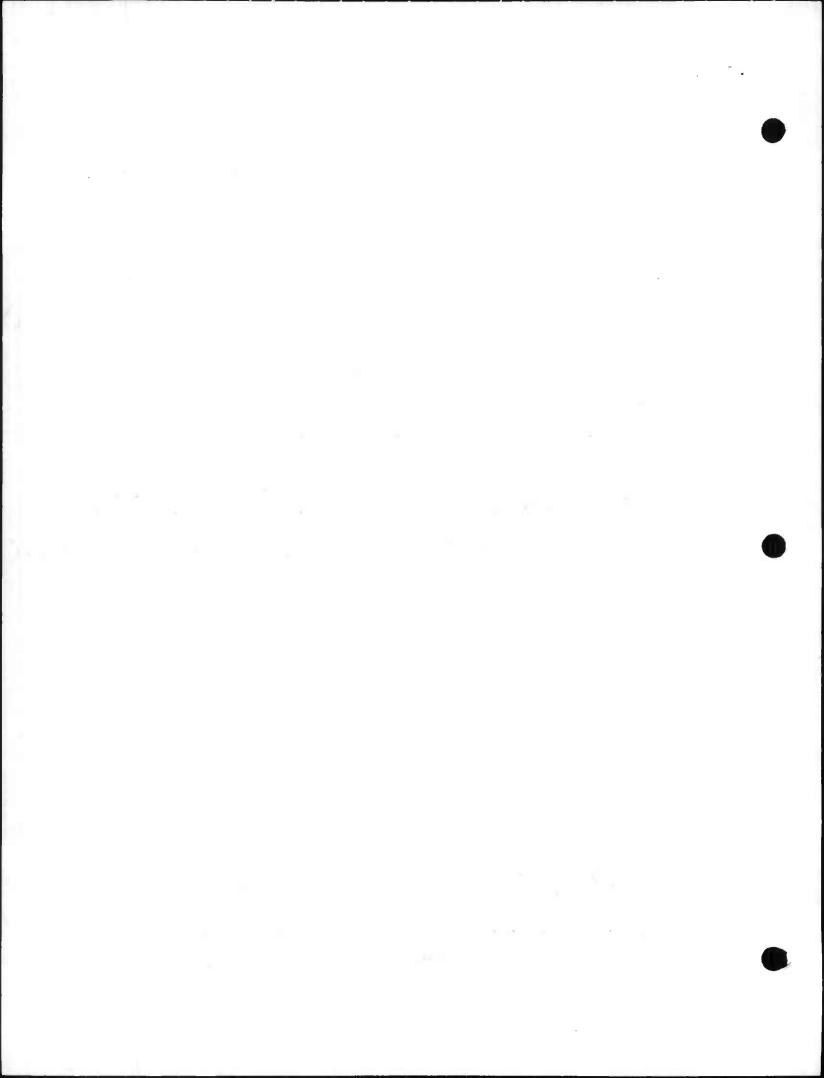
		FOR STATE REGISTRAR	STATE OF MARYL			TMENT OF I		MENTAL HYGII			
		1. DECEDENT'S NAME (First, Middle, Lest	)					2. DATE OF DEATH			. TIME OF DEATH
		Hollis	Henry Cor	nel:	L			монти 2	DAY 1	93	4:55 a M
		4. SOCIAL SECURITY NUMBER	1	(In yrs. lesi	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF SHRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
2		225-05-1106A	1XXM 2 □ F 80		YRS.	MONTHS DAYS	HOURS MIN.	6-19-1		Con	n.
Should	œ	9a. FACILITY NAME (If not institution, give	·				OR LOCATION OF DE	ATH	172-1111	TY OF DEA	ТН
2, 3	СТО	Memorial	Hospital			Eas	ton		Ta	1bot	
Pages 1,	ш	10e. STATE 10b. COUN	TY		10c. CIT	r, TOWN OR LOCA	FION	-		10	Dd. INSIDE CITY
. <u></u>	DIR	Maryland Car	roline		P	reston				1	YES 2 NO
permit.	IAL	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
020 physician. burial-transit	FUNERAL	Rt.2 Box 9CX					21655			USA	
20 ysicia	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARI	MED			IIC ORIGIN? (Specify n, Puerto Rican, etc.)		14. RACE Black, Y	- American Indian, Vhits, etc.
the pt	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES			2 NO Specify		1	Specify:	
C S S	ED	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCCUPATION	ON	16h KIND OF	BUSINESS/IND		ite
T. 9.7	<u> </u>	(Specify only highest grad Elementary/Secondary (0-12)	le completed) Callege (1-4 or 5+)	(G/	Do NOT us	vork done during me	ost of working		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001111	
	4	12	2		Tit1	e Rese	archer	Law	Firm		
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	ME (First, Middle, Maid	ien Sumame)		
d by d at	BE (	Thomas Henry	Connell				Evely	n Ida B	uckbe	e	
MAR retained 5 should notified	0	19s. INFORMANT'S NAME (Type/Print)		- 1				Route Number, City or			
		Frances D. Con					CX, Pre		D 216		
BALTIMORE, er death. Page 6 may bu the funeral director, page val.		20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Res	noval from State CON	netery, crei	matory or of	F DISPOSITION (Na her place)		1	LOCATION — (		, State
Page al direc		4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEF F	air	fax		emetery	2-4 Fa	irfax	. VA	
BALTIMOF  Ier death. Page 6 m  the funeral director,  wal.  st examiner must	9							eral Ho	me. P	. A .	
BA rs after de by the 1 removal.	>	JOHO Z M	MERCERON	cFs	57	200	S. Har	rison S	t. Ea.	ston	MD
		23. PART I. Enter the diseases, or shock, or heart failure	compilcations that caused List only one cause on e	d the de- ach line	eth. Do n	ot enter the mo	de of dying, such	as cardiac or re	spiratory arm	est,	Approximata Interval Between
24 P		IMMEDIATE CAUSE (Final disease or condition	Mobelin		14	10 CA	11001	non 8m	1001	00	Onset and Death
L He H		resulting in death)				ng ca	nee	ruon su	46	uq	1 Reals
8 0 H		_	DUE TO (OR AS A	CONSEC	DUENCE OF	?): <b>/</b>					
B OF	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEC	UENCE OF	):					<del> </del>
BOX ficate be a physician a ne prior to	SAT	if any, leading to immediate cause. Enter UNDERLYING	6								
. 46 0 6 2	Ě	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEC	UENCE OF	):					
O 4 5 0	EH	resulting in death) LAST	d								
Ne de de	AL C	PART II. Other significent condition	ns contributing to death b	ut not n	esulting i	n the underlyin	g cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
Z # & # 7	2							PERI	ORMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
RECOR mayires that men signed by of Health an	MEDIC							_   '   '   '   '   '   '   '   '   '	2 🗌 NO		F DEATH?
H man											_ 123 2 _ NO
E a Da	SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (Che	ock only one)			
T STATE OF	S	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	etient 3	□ DOA	OTHER: 4   Nursing Hore	ne 5 🗆 Residence	8 Other (Specify)			
E 2 2 2	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28b. TIM		URY AT	28d. DESCRIBE HO	W INJURY OCC	URED	
	ĕ	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO				
VISION ATTENDING ECTOR: Aber s after death	ED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spec	— At hor	me, ferm, s	treet, factory, offic	•	28f. LOCATION (Stre City or Town, Str	et end Number	or Runii Rou	te Number,
	E										
DI AL DIA	MPL		SICIAN: To the best of my know								
HOSPITAL FUNERAL WITHIN 72 STANT: II	COMPLET	2 MEDICAL EXAMIN	ER: On the basis of examination	n and/or li	nvestigatio	n, In my opinion, c	leath occured at the	time, dete and place,	and due to the	cause(s) s	nd manner as stated.
<b>医医肠</b>	BE (	296. SIGNATURE AND THE CERTIFIE	ER				29c, LICENSE NUM	BER	29d. DATE	SIGNED (N	lonth, Day, Year)
B B # #	2	30 NAME AND ADDRESS OF STATES	110 0040H FTEC 01110				19780	7		2411	43
- 1	,	30. NAME AND ADDRESS OF PERSON W	TO COMPLETED CAUSE OF DE	ATH (ITEN	я 27) (Тура,	Print)				/	

M.D., 509 Idlewild Avenue, Easton, MD 21601

32 REGISTRAR'S SIGNATURE

DAVID H. Smith,
31. DATE FILED (Month, Day, Year)
FEB 2 1993

Raindson Broken



BAL	after death	w the fune
	24 hours	/ filled in t
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	recurs, that the death certificate be executed within 24 hours after death	Sured by the attending physician and completely
¥	10,00	1
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE	HE FUNERAL DIRECTOR: After this certificate
	10	T OT

1 1	1 - STATE REGISTRAR	02 0		CATE OF		MENTAL HYGIEN REG. NO	C	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	W YE	3. TIME OF DEATH
	James 4. SOCIAL SECURITY NUMBER	Cleveland		JR.		1 31	93	0.10
	220-05-2981	5. SEX 6. AGE (1 1XXM 2 □ F 7		IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give sti			Sh CITY TOWN O	OR LOCATION OF DE	5-29-19	13 De COUNTY	Maryland
H		Hospital		_		EATH		
СТОВ	RESIDENCE OF DECEDENT			Eas	con		I Ta	1bot
DIRE	10e. STATE 10b. COUNTY			TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	Maryland Tall	bot	Eas	ston	ZIP CODE			1 X YES 2 NO
RA	307 S. Washing	rton Stroo	+	107	21601			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NC ORIGIN? (Specify Yes	US.	RACE — American Indian,
	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 YES		Il yes, spi		n, Puerto Rican, etc.)		Black, White, etc. Specify:
ED BY								White
ETE	15. OECEDENT'S EOUC (Specify only highest grade of	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo-		16b. KIND OF BU	SINESS/INDUST	TRY .
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Superi		nt	11+111+	v (Go	s Dept.)
COMPL	17. FATHER'S NAME (First, Middle, Last)		Daperi	. Jonae		ME (First, Middle, Maiden		p Dehr.)
ш	James C. Cove	y, Sr.			Rose	Marvel		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
۲	Cecil S. Cove	У	307 S	. Wash:	ington	St., Eas	ton, 1	MD 21601
	20a. METHOD OF DISPOSITION    No.   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company	oval from State com	PLACE AND DATE OF etary, crematory or other	DISPOSITION (Na	me of	DATE 20c. LO	CATION — CHy	or Town, State
- 8	4 Donation 6 Other (Specify)	S	oring H	ill Cer			ston,	MD 21601
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	00-0	Newn:	am Fline	cury ral Home	РΔ	
	23. PART i. Enter the diseases, or c	Mary	CFSP.	200	S. Harr	ison St.	Eas	ton, MD 21
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)		Micha	andring	god god	omset and De ah in in a year
			ut not resulting in	7277777	cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDING
MEDICAL	PART II. Other significant conditions	s contributing to death b		the underlying		PERFOR	-1-1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
MEDIC		s contributing to death b		the underlying		1010	-1-1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Ch	1 🗆 YES 2	-1-1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPTTAL: 1 ଔ inpetient 2 □ ER/Outp	etiont 3 DOA	26. PL OTHER: 4   Nursing Hom	ACE OF OEATH (Ch	1 TYES 2 eck only one)  6 Other (Specify)	□ NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Returns 5 Pending	HOSPITAL:		26. PL OTHER: 4   Nursing Hom OF 28c. INJ RY WO	ACE OF OEATH (Ch	1   YES 2	□ NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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REG. NO.

FOR STATE REGISTRAR

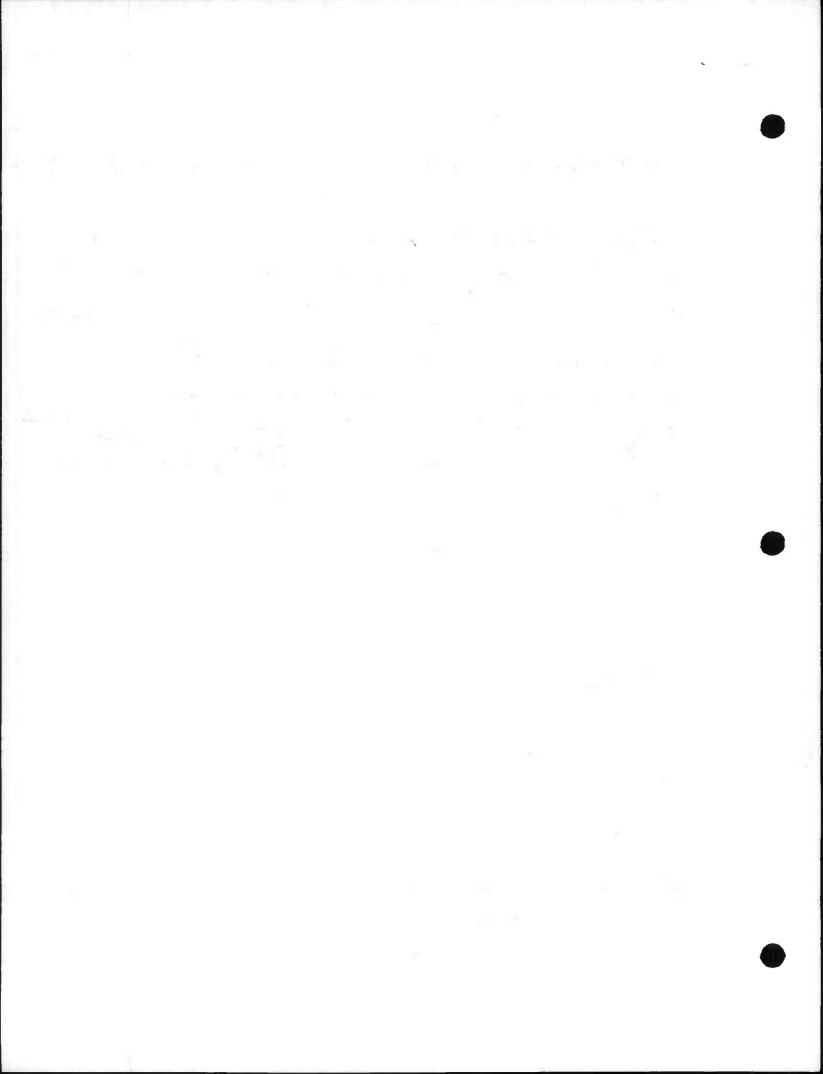
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 S Clifton Corkran 6:15 a M 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 D F 92 Country OF DEATH Pages 1, 2, 3 should Se FACILITY NAME /// not 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Memorial Hospital Easton Talbot RESIDENCE OF DECEDENT 10c., CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f 710 CODE A funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician, U.S. ARMED 2 NO 11. MARITAL STATUS WAS DECEDENT RACE WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OF DA WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) American Indian. 1 Never Married 2 Married BY Specify wed 4 Divorced WHI COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY EAHBATR 6 once. A Ħ BE notified 1652 2 99 20a. METHOD OF D SPOSITION 206. PLACE AND DATE OF DISPOSITION 20c LOCATION must Other (Specify) 4 | Donette MATER examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME 3 oned by the amount physician and completely filled in by the medical the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory syrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition death certificate he executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST other DUE TO (OR AS A CONSEQUENCE OF): 8 Injury, PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? that the PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 5 Residence 6 Other (Specify) 4 - Nursing 8 書 Deci 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED With marked, this Natural 5 Pending BY 1 YES 2 NO After death OR ATTENDING I 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 Item 29a, CERTIFIER TO THE HOSPITAL OF
TO THE FUNERAL DI
DE flied within 72 ho
IMPORTANT: If Its CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as state 296 SIGNATURE AND TITLE OF CERTIFU 29d. DATE SIGNED (Morgh, Day, Year) BE Dawkins 42005 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Que Mole 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Navydon Bandall FEB 8 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 68760

MICE PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

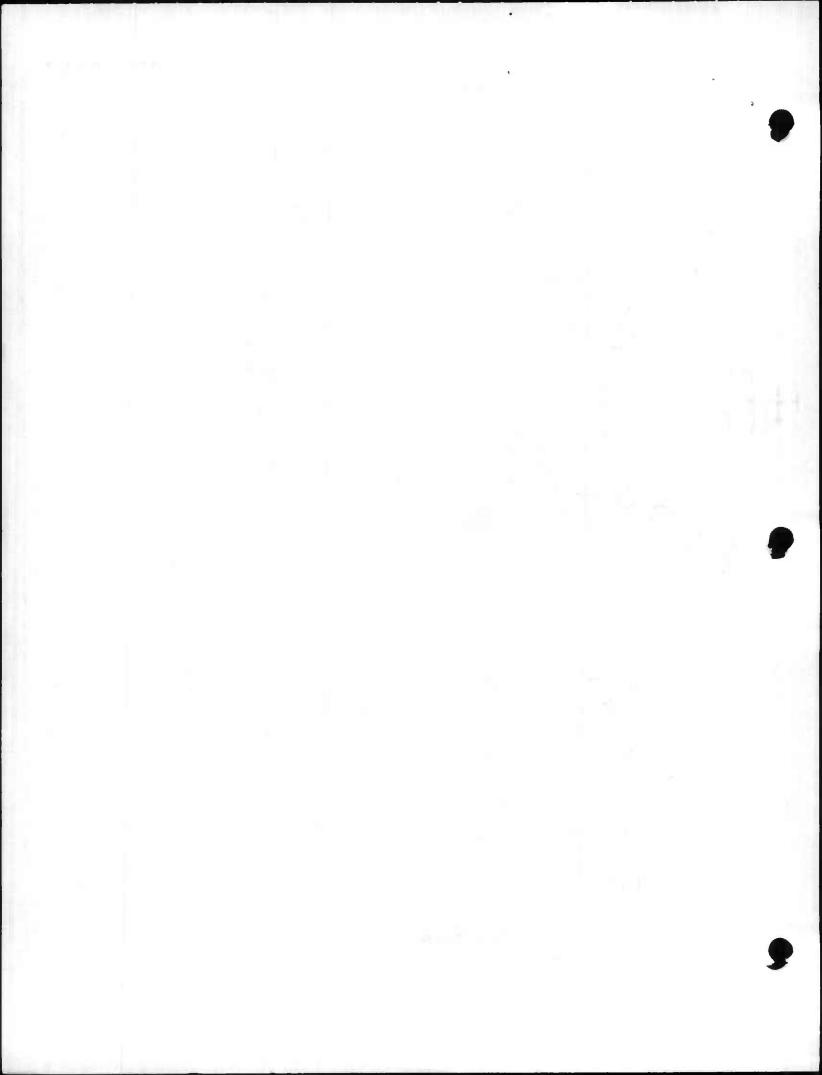
The page 5 may be detached for use as the burlat permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should past to burlat hygiene prior to burlat, cremation, or removal.

The page 5 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR VITERALING TO THE FUNERAL DEFICIENT OF FINERAL DEFICIENT OF THE PROPERTANT: If from 21 to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, La	nef)							2. DATE OF DEAT			
	HILTON	BENJA	MIN		CEPHA	AS			MONTH 2	04	Y693	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		0. BIRTH	PLACE (State or Foreign
	218-16-9931	1 📉 M 2 🗆 F	67	7 YRS.	MONTHS	DAYS	HOURS	MIN.	03-16-2	5	MA	RYLAND
	Se. FACILITY NAME (If not institution, g	ve street and number)			96. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF D	
OR O	DORCHESTER GEN	ERAL HOSPI	TAL		CA	MBRI	DGE			DO	DRCHE	STER
5	RESIDENCE OF DECEDENT			L								
DIRECTOR		DRCHESTER			RLOC		TION					10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	DROHEBIER		110	KLOC		1. ZIP COD			10-0	TIZEN OF N	1 YES 2 NO
AH.	210 JACKSON S	Γ.				100	2164			10g. C	USA	HAI COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DEC			IC ORIGIN? (Specif	y Yea or No		American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO		If yes, sp	ecity, Cuba	n, Mexicer	, Puerto Rican, etc	.)	Specif	- American Indian, White, etc.
	15. DECEDENT'S	EDUCATION	16a, DI	ECEDENT'S	USUAL O	CCUPATE	ON		16b, KIND O	BUSINESS/II	NDUSTRY	
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5	+) (C	live kind of Do NOT u	work done se retired.)	during mo	ost of working	ng				
鱼	6th			CRUCK	DRI	VER			TRU	CKING		
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI	ME (First, Middle, Ma	iden Surname)		
BE (	JOHN HENRY CE	PHAS SR.							SELENA R			
10	19a. INFORMANT'S NAME (Type/Print)		19						loute Number, City o			
	SHIRLEY ADDIS	ON		P.O.	BOX	374	, 21	OA J				MD. 21643
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 5  4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE	AND DATE	OF DISPOS	ET C	eme of EMET	ERY .	DATE 200 2-10-93	EAST N	- City or To	ARKET, MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		_	22.	NAME A	ND ADDRE	SS OF FAC	BENNI	E SMIT	th Fu	VR. SERV.
	1/3		_		P	.0.	BOX	1687	EASTON,	MD. 2	21601	
	23. PART I. Enter the diseases,	or complications tha	it caused the de	eath. Do	not enter	the mo	de of dy	na. suct	as cardiac or r	eapiratory a	rrest	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Car	diopulm	onar	/ arr							Interval Between Onset and Death
NO	Sequentially list conditions,	b	(OR AS A CONSE									
CAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	(on no n conse	OOLIIOL O	· ,.							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):		_					
	PART ii. Other significant condi	tiona contributing to	death but not	resuiting	in the ur	darlyin	g cause (	iven in I	Part i. 24s. WA	S AN AUTOPS	7 24h	WERE AUTOPSY FINDINGS
2	Dialiela	10000	to						PE	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Severe	emples	rea O A Tre	· Lon Ca	100	10	lia	2000	1  YE	S 2 NO		DF DEATH? 1 YES 2 NO
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						20. P	LACE OF D	EATH (Che	ck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	DOA	OTHEI	₹:						
Y PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 28s. DATE OF (Month, D	INJURY	28b. TIN	4 🗆 Nur	R: sing Hon 28c. IN. WC	IURY AT ORK?	sidence	ck only one)  6  Other (Specify, 28d. DESCRIBE H		CCURED	
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B	EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigati 3 Suicide 6 Could not determined	1 □ Inpatient 2 2  28a. DATE OF (Month, D)  26a. PLACE Of be building,	INJURY ay, Year)  F INJURY — At he atc. (Specify)	28b. Till IN. ome, ferm,	4 - Nur IE OF JURY M street, fact	R: sing Hon 28c. IN. WC 1 Ory, office	IURY AT DRK? YES 2	NO NO	8 Other (Specify) 28d. DESCRIBE H 28f. LOCATION (St. City or Rown, S	OW INJURY O	er or Rural R	oute Number,
B	EXAMINERT  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigate 3 Suicide 6 Could not determine.  24. CERTIFIER CERTIFYING PR	28a. DATÉ OF (Month, D	injury  inj, Year)  F Injury — At he  atc. (Specify)  my knowledge, di	28b. Tilk IN.	4   Nur IE OF JURY M street, fact	R: sing Hom 28c. IN. WC 1 ory, offic	Ne 5   Re	NO NO	6 Other (Specify) 28d. DESCRIBE H 28f. LOCATION (St City or Town, S	OW INJURY O	er or Rural R	
COMPLETED BY	EXAMINERY  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigati 3   Suicide 6   Could not determined  2   Accident   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED SECRET   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CERTIFYING PHORES ONLY   CERTIFYING PHORES ONLY   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLAL EXAMINED   CERTIFYING PHORES ONLY   CHRONOLA	1 Inpetient 2 in particular 28a. DATE OF (Month, Don be be be be be be be be be be be be be	injury ley, Year)  IF Injury — At he atc. (Specify)  my knowledge, di xamination and/or	28b. Tilk IN.	4 Nur BE OF JURY M street, fact ed at the ton, in my co	R: sing Hom 28c. IN. WC 1 ory, offic	DURY AT DRK? YES 2 [	NO NO	6 Other (Specify, 28d. DESCRIBE H  26f. LOCATION (St. City or Town, S  to the cause(s) and	ow INJURY Orest and Numb	er or Rural R	and manner as stated, (Month, Day, Year)
B	EXAMINERT  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determined  28. CERTIFER CERTIFYING PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE	1 Inpatient 2 28a. DATE OF (Month, D be be be be be be be be be be be be be	injury ley, Year)  IF Injury — At he atc. (Specify)  my knowledge, di xamination and/or	28b, Till IN.  Drine, ferm, meth occurr investigation M 27) (Type	4 Nur BE OF JURY M street, fact ed at the ton, in my co	R: sing Hom 28c. IN. WC 1 ory, offic	DURY AT DRK? YES 2 [	NO NO and due	6 Other (Specify, 28d. DESCRIBE H  26f. LOCATION (St. City or Town, S  to the cause(s) and	ow INJURY Orest and Numb	er or Rural R	and manner as stated, (Month, Day, Year)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires manner district tificate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the relief of physician and completely filled in	he filed within 70 house other death with the State fleet of Health and Manne prior to hurist cremation or
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	1 - FOR STATE REGISTRAR	STATE OF MA				OF HE			MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lust Mamíe	MAMIE EI	anner		CONN	ER			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT	W 3 1	YEAR 93	5:10 a
	4. SOCIAL SECURITY NUMBER 219-34-6576	1 🗆 M 2 💢F	AGE (In yrs. lest I	birthday) YRS.	IF UNDER		OURS 24	HRS,	7. DATE OF BIRTH (Month, Day, Year) 02/28/19	008	Count	HPLACE (State or Foreign ry) RYLAND
ECTOR	90. FACILITY NAME (If not institution, give Wemorial Hospita					town on i		OF DE	ATH		egan	EATH
DIREC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN  AT	LEGANY				R LOCATION						10d. INSIDE CITY LIMITS?
AL.	10e. STREET AND NUMBER				OKKI	GANV 101. ZI	P CODE		<del></del>	10g. CIT	IZEN OF V	1X YES 2 NO
FUNER	P. O. BOX 1  11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARM	IED	13. V	WAS DECENI	DENT OF	524	C ORIGIN? (Specify Yes	or No-	USZ 14. RACI Blaci	E — American Indian, k, White, etc.
ED BY	3 X Widowed 4 Divorced  15. DECEDENT'S ED	IF YES, GIVE WAR	OR DATES		1 1	□ YES 🕺					Spec	
<u> </u>	(Specify only highest gra-		(Give	e kind of w Do NOT us	rork done d	CUPATION uring most o	f working		16b. KINO OF BUS	SINESS/IN	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HOWARD WILL	AM BURKET	гт			-18			E (First, Middle, Maiden		GUE	
TO B	19a. INFORMANT'S NAME (Type/Print) WAYNE M. CON	INER							GANVILLE			21524
100	20s METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE AN cemetery, crem PORTH	ND DATE O	F DISPOSI	TION (Name			OATE 20c. LO	CATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE / //	PORTI	SK C	22. I HA	RVEY	H.	OF FAC	/2/93 RD	INER	AL I	
RTIFICATION	23. PART I. Enter the disease, or shock, be-feart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Complete one cause  a. Complete one cause  DUE TO (OF	AS A BONSEQU	JENCE OF	lier Sel							Approximate interval Betwee Onset and Dec
4: MEDICAL CE	PART H. Other significant condition  Linux c  Arabeta	one contributing to de	to ier	sulting I	n the und	derlying c	ause giv	ren in F	Part I. 24a, WAS AN PERFOR	AUTOPSY MED? NO	24b	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3 [	DOA	OTHER	:			ck only one)			
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day,	IURY Year)	28b. TIME	OF	28c. INJURY WORK 1 YES	AT		28d. OEŞCRIBE HOW II	NJURY OC	CUREO	
8	3 Suicide 6 Could not be detarmined	28s. PLACE OF IN	JURY — At hom . (Specify)	io, term, s	treet, facto	ry, office			281. LOCATION (Street a City or Town, State)	and Numbe	or or Flural I	Route Number,
COMPLET		SICIAN: To the best of my										i) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFI	en Mulica,	1				c. LICEN					(Month, Day, Year) 1–93
	30. NAME AND ADDRESS OF PERSON WE ROBUSTIANO Barro 31. DATE FILED (MONTH, Day, Year) FEB 0 3 1.	ra M.D. M	emorial	Has	pita	l Med	lical	e Re	dg., Cumb	erlai	nd, MI	2 21502

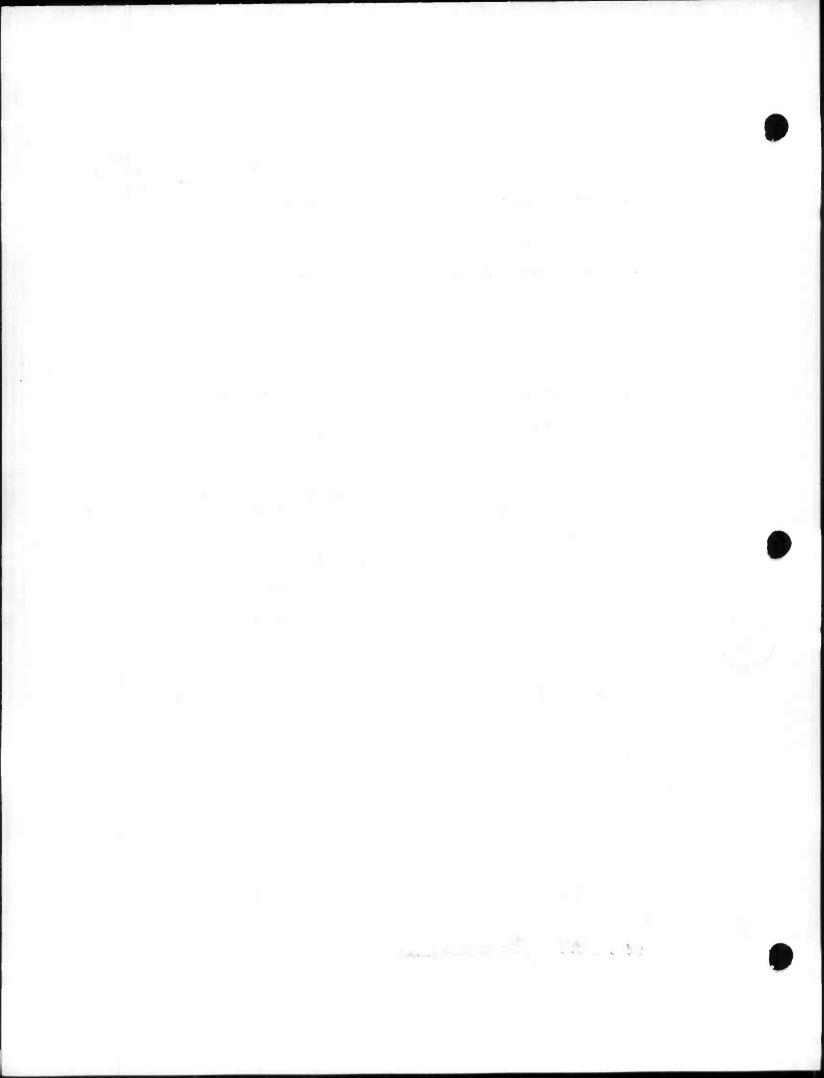
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Let and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be unital, cremation, or removal. numatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any injuries.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEI		
	1. OECEDENT'S NAME (First, Middle, Last) Marie		Ellen		Dreyer	2. DATE OF DEATH		3. TIME OF DEATH 12:10 P.Mu
***************************************	4. SOCIAL SECURITY NUMBER 214-07-2594	1 □ M 2 📆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 30,1		NTHPLACE (State or Foreign unity) W. Va.
TOR	Pos. FACILITY NAME (If not institution, give service) Frostburg Village RESIDENCE OF DECEMENT				stburg	ATH	9c. COUNTY O	egany
DIRECTOR		r legany		own on Locat mberla				10d. INSIDE CITY LIMITS?  XX YES 2 □ NO
FUNERAL	Queen City To	wers Paca St		10f.	21502			F WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 1 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 K NO	Il yes, spe	ENDENT OF HISPAN ocity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	en or No— 14. R/Bi	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mos tired.)	st of working	16b. KIND OF BU	JSINESS/INDUSTRY	′
BE COME	17. FATHER'S NAME (First, Middle, Last) Andrew B. Sul	livan			18. MOTHER'S NAI	ME (First, Middle, Maiden zabeth Pas		
TO B	190. INFORMANT'S NAME (Typo/Print) Patricia L. Llewel					PTOWN MAF		21505
	20e, METHOD OF DISPOSITION  FLA Burial 2 Cremation 3 Ram  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	0.0	b. PLACE AND DATE OF DI pretery Manager 10 Sthe C	eneter	y Feb.3,	1993 C1	ocation — chy or umberlan	Town, State
	* Kolent C	adam	2	Merri	ecatur S	Funeral E	rland M	id. 21502
	23. PART I. Enter the diseases, proshock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF):	Pysr	by Knns	an cerdiac or reap	iratory errest,	Approximate interval Batween Onaat and Death
MEDICAL-CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cC	A CONSEQUENCE OF):	Aten	1 Discon	P		
N: MEDICAL.C	PART II. Other algorificent condition	s contributing to death to	out not resulting in th	e underlying	cause given in I	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		HER:	5 Realdence			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	M 1 YE		28d. DESCRIBE HOW I	NJURY OCCUREO	
COMPLETED	3 Suicide 8 Could not be detarmined	oditing, etc. (Spe				281, LOCATION (Street and City or Town, State)		Il Route Number,
COMP	(Check only one) 2 MEOICAL EXAMINE	R: On the beat of my know	ledge, death occurred at n end/or investigation, in	The time, data a my opinion, dec	and place, end due to	o the cause(a) end mar ime, date end piece, an	nner as stated. Id dus to the cause	r(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  LEGGE  30. NAME AND ADDRESS OF PERSON WHO	w.	ATM STEPS OF CO.		29c. LICENSE NUMI		29d. DATE SIGNE	(Month, Day, Year)
	Br JESUS TAN	FROSTBURG P	LAZA FROS		MARYLANI	)		
	31. DATE FILED Magnin, Pay, 1601993	32 AEGISTRAR'S SIGN	Whates					



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WITHIN THE SECOND THE AMERICAN CONTINUES THAT THE GEATH CENTIFICATE DE CONTINUES After DEATH. Personal by the hospital or attending physician.	Alter the contraction of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	is marked, or the extension when a rygene provide used to be used to be not the most be not fled at once.
SPITAL OR ATTENDING PHYSICAN:	ERAL DIRECTOR. After this certific	If item 28 is marked, or
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	FOR 1 STATE	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN		03849
	REGISTRAR			E OF DEATH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last) DOUGLAS	CARLTON	DEREM	ER	January 2	5, 1993	3. TIME OF DEATN 8:23 P M
	4. SOCIAL SECURITY NUMBER 214-07-3899	5. SEX 8. AGE (In yrs. I	lesi birthday) IF UND YRS. MONTHS	DAYS HOURS WIN.	7. DATE OF BIRTN (Month, Day, Year) 12-31-11	Countr	HPLACE (State or Foreign Ty) t Virginia
NO.	• FACILITY NAME (if not institution, give si Memorial Hospital	·		y, town or LOCATION OF C umberland	DEATH	9c. COUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	1	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
	West Va Min	neral	Ft.	Ashby			1 X YES 2 NO
ERA	Route 28 - Sou	ıth		101. ZIP COD€ 2 6 7 1 9		10g. CITIZEN OF V	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 K) YES 2 I IF YES, GIVE WAR OR DATES W. W. I I	ARMED 1:	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	or No.— 14. RACE	E — American Indian, k, White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a. E	DECEDENT'S USUAL	OCCUPATION or during most of working		SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1.4 on f. c)	ife. Do NOT use retired	tenant	Plant A.B.L	Protec.	tiòn
	17. FATHER'S NAME (First, Middle, Last) Charles Dereme	r			AME (First, Middle, Meiden h E. Dani		
TO BE	19a. INFORMANT'S NAME (Type/Print)			\$\$ (Street and Number or Rural			
F	Ruth (Pyles) D			Box 13 - F			719
	20a, METHOD OF DISPOSITION 1	oval from State cemetery c	EAND DATE OF DISPO Crematory or other place AShbV C		44	CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC		2: F	t. Ashby F	uneral Ho	ome, Ind	c.
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused the c List only one cause on each li	death. Do not ente	er the mode of dying, su	ch aa cardiac or reapi	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ASPIRAT	TONP	NEUMOI	n)/A		Onset and Death
	resulting in death)	OUE TO (OR AS A CONS	EDUENCE OF):	1.00011	0111		12 DIAY
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EDUENCE OF):				
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (DR AS A CONS	EDUENCE OF):				
SICAL CE	PART II. Other algoriticant condition	s contributing to death but not		inderlying cause given in	Part i. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL					_	^	1 VES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTA	26. PLACE OF OEATH (C	heck only one)		
IXSI	1 VES 2 VOO 27. MANNER OF OEATN	1 Department 2 ER/Outpetient		irsing Home 5 - Rasidence			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW II	JURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fa	ctory, offica	261, LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,
COMPLET		CIAN: To the best of my knowledge, on the bests of examination and/o					
BE CO	296. SIGNATURE AND TITLE OF CERTIFIES			29c. LICENSE NU		29d. DATE SIGNEO	(Month, Day, Year)
10 E	30, NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE OF DEATH (I	TEM 970 (See Delet)	DS,	406	1-0	-93

Cumberland, MD. 21502

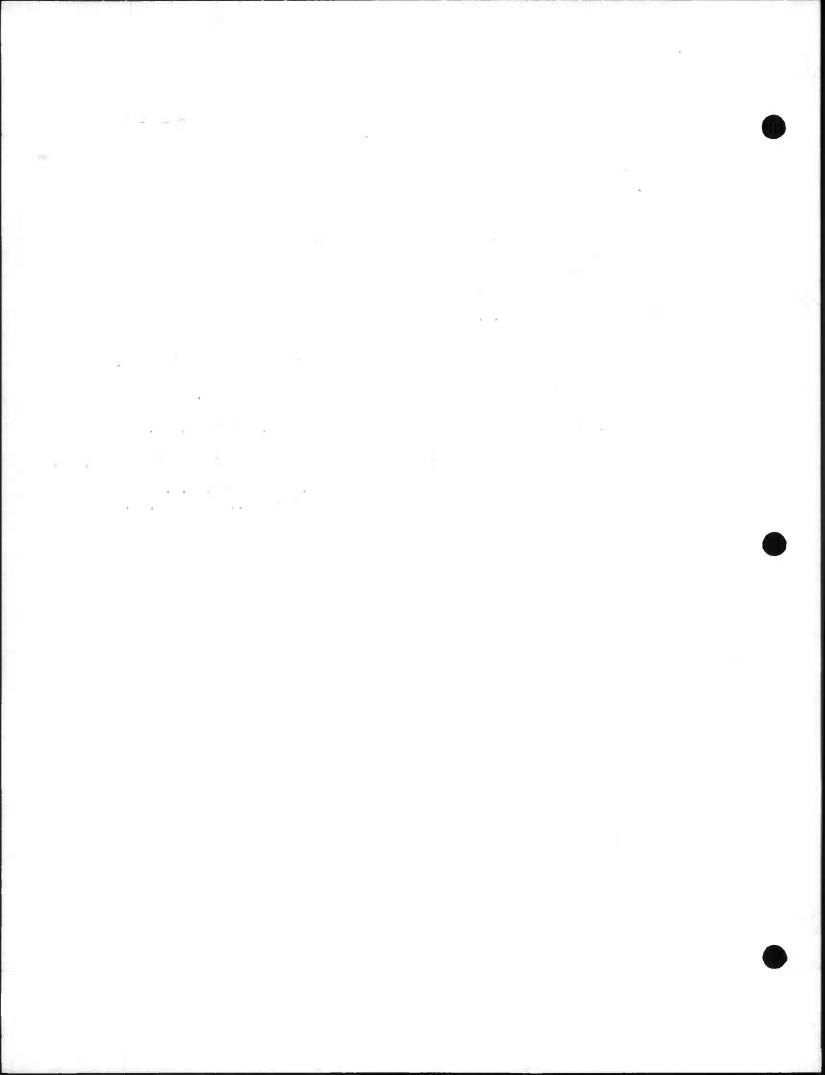
47 Virginia Avenue Dr. William Lamm 32 ASSESSED SIGNATURE 31. DATE FILED (Adh). 03. 84/ 993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Pi		214-01-9712 1×M20F	AGE (In yrs	s. last birthday) #	DUV	ALL  IF UNDER 24 HRS.  HOURS MIN.	2. DATE OF DEATH (MONTH)  7. DATE OF BIRTH (Month, Day, Year)	5 93 8. Bit			
1, 2, 3 should	стов	Shady Gnove Alventist Residence of Decedent	Hos	pital 9th	CITY, TOWN	OR LOCATION OF DE	ATH	MON+	F DEATH  GOMENY		
permit. Pages	DIRE	Maryland Montgomery		10c. CITY, 10	WN OR LOCA De	TION ETWOOD			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
:53	FUNERAL	16203 Redland Road			10	20855		10g. CITIZEN O	USA		
215-0020 attending physician. se as the burial-transit	B⊀	11. MARITAL STATUS  1 Nover Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 10  15. WAS DECEDENT FORCES? 10  16. Was Decedent Forces? 10  17. Was Decedent Forces? 10  18. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces? 10  19. Was Decedent Forces?	OR DATES	S. ARMED  13. WAS DECENDENT OF HISPANIC.  If yes, specify, Cuban, Mexican, Pr  1   YES 2			, Puerto Rican, etc.)	В	ACE — American Indian, leck, White, etc. pecify: White		
21 o m	PLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a	Give kind of work in. Do NOT use ret	done during mi ired.)		166. KIND OF BU	siness/industr			
# 8 E	SE COMPL	17. FATHER'S NAME (First, Middle, Last) George Washington Duva	11			18. MOTHER'S NAM	Sumame)				
MA retain 5 sho	TO B	Darby E. Duvall					Derwood,				
Page 6 may be al director, page iner must be r		20s. METHOD OF DISPOSITION    X   X   Surial   2   Cremation   3   Removal from State   4   Donation   5   Other (Specify)	20b. PLA cemetery	ACE AND DATE OF DISPOSITION (Name of vy, cremetory occine place)  OATE 20c. LOCATION — City or Town, State or Service of Cartine of the Company of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine of Cartine							
SALTI r death. P re funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md.									
P. O. BOX 68760, the certificate be executed within 24 hours aft ending physician and completely filled in by I Hyglene prior to burial, cremation, or remore or other traumatic event, the medical property of the contract	ERTIFICATION	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a									
requires that he control by the proof that he was the proof that he was the proof that he was the proof that he was the proof that he was the proof that he was the proof that he was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was the was	IN: MEDICAL C	PART II. Other significant conditions contributing to de	ath but n	ot resulting in th	e Underlyin	g ceuse given in F	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN: The Is certificate har the State Dr i, or item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Option 1 2 Examiner 2	₹/Outpatien		HER:	LACE OF DEATH (Che					
ON OF DING PHYSIC After this ce death with th	ВУ РН	27. MANNER OF OEATH  1/Shatursi 5 Pending 2 Accident Investigation		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
TTENDI TTOR: A after da	ETED	3 Suicide 6 Could not be 4 Homicide determined	IJURY — A . (Specify)	t home, ferm, street	, factory, offic	20	261. LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,		
¥ 32 E	COMPLE	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of exam							ne(s) and manner as stated.		
TO THE HOSPI TO THE FUNES be filed within	TO BE	39. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF BEATH	HITCH ON CO. D.		D296	PER 2J	29d. DATE SIGN	ID (Month, Day, Year)		
		31. DATE FILED (Morth, Day, Year)  32. REGISTRAR'S	9	1480	8 P4	AY SICIAL	ا سا	#212	Roundle		
	1			Randess					DHMH-16 Rev 1/89		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CL		ICAI E	T DE	ALII		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Lest)								E OF DEATH			3. TIME OF DEATH	
- 2	Evelyn		Duk	20.				MON		MY 1	YEAR	0425 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	AR IF UN	DER 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State or Foreign	
10	212-14-4563	1 🗌 M 2 💭 F	76		MONTHS DA	rs HOUR	S MIN.		nth, Day, Year)	016	Count	lry)	
9	9a. FACILITY NAME (If not institution, give s	treet and number			Oh CITY TO	100 100	ATION OF D				Maryland		
œ						CITY, TOWN OR LOCATION OF DE							
2	Francis Scott	Key Bur	<u>n Cent</u>	er	Baltimore Baltimore							ore	
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR LO	CATION		-			10d. INSIDE CITY		
E	Maryland	Carol	ino				onak					LIMITS?	
5	10e, STREET AND NUMBER	Calul	Ine				enst	0010	)	_		1 YES 2X NO	
FUNERAL	CAN TOWN TOWNS TOWN					101. ZIP CODE						WHAT COUNTRY?	
9	Rt. 2 Box 197	Duke	s Road				21639				U.S.A.		
돌	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	IN U.S. ARMED 13. WAS			S DECENDENT OF HISPANIC ORIGIN? (Species, specify Cuban, Mexican, Puerto Rican, et			s or No-	14. RAC	E — American Indian, k, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	I □ YES 2 N					o riscani, auc.)		Spec	elfy:	
											Cau	casian	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL OCCUI		rkina	16	Bb. KIND OF BL	ISINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT us	e retired.)								
A P	11 HS grad.	l yr.	H	omen	naker				Hom	le			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NAME (First, Middle, Maiden Su							
BE (	Henry Clay Col	llison					Dor	ca	Ander	son			
	19a. INFORMANT'S NAME (Type/Print)		191	19b. MAILING ADDRESS (Street and Number or Rural Route Num						vn, State, Zi	p Code)		
2	Raiph A. Duke	25		Rt.	2 Box	191	7 . Gr	reer	sbor	. МТ	21	639	
	20a, METHOD OF DISPOSITION			_				_	TE 20c. L				
	1 St Burial 2 Cremation 3 Rem 4 Donation 8 Dother (Specify)	oval from State	cemetery, cre	20b. PLACE AND DATE OF DISPOSITION (Name of Denton Cemetery) Denton Cemetery							-	faryland	
	21. SIGNATURE OF FUNERAL SERVICE LIK	ENGER A	Dent	22. NAME AND ADDRESS O					29 DE	HICOI	1, 1	laryiand	
	11) 001	7) N	1						Home	ъ :	λ		
	* Landon	14-11	oone		Dra	wer	B. I	Dent	ion. N	larv	a. Land	21629	
	23. PART I. Enter the diseases, or o	complications that	caused the de	eath. Do r								Approximata	
- 1													
	IMMEDIATE CAUSE (Final	shock, or heart fature. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
	disease or condition Cardus pull many and heat										. a 4	Onset and Death	
	disease or condition resulting in death)	. carde	spul	mo	rary	a	Me	at		all	J. W	Onset and Death	
	disease or condition resulting in death)	DUE TO	OR AS A CONSEC	OUENCE OF	rary	a	Me	at	to	Me	J. S. F. S. S. S. S. S. S. S. S. S. S. S. S. S.	Onset and Death	
NO	disease or condition resulting in death)  Sequentially list conditions,	DUE TO	OR AS A CONSECUTION	OUENCE OF	eti	a	br	in	- Or	Mesoca	J. F. F. F. F. F. F. F. F. F. F. F. F. F.	Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO DUE TO	OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS	OUENCE OF	eti	a	br	ur.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	M. Make	J. J. J. J. J. J. J. J. J. J. J. J. J. J	Onset and Death	
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ICLAN. The two requires that the death certificate be executed within 24 DIVISION OF WITH RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNESAL DIRECTOR After the cold be field within 72 hours after death with IMPORTANT, If item 28 is marked,

The peer signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a detached for use as the burial-transit permit.

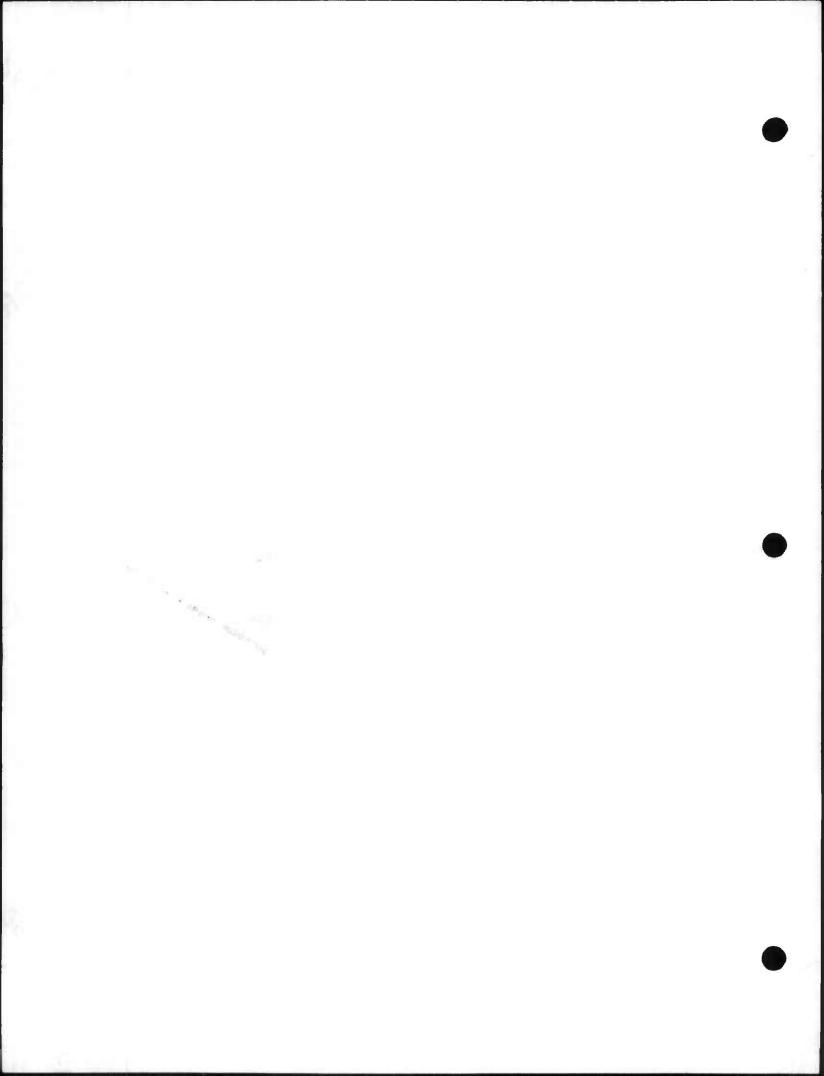
m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

near after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DHMH-18 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSM AN THE PROPERTY OF THE DESIGNATIONS OF EXECUTED WITHIN 24 hours of	TO THE FUNERAL DIRECTOR: After this cardicals has been sooned by the attending projection and completely filled in by	be filed within 72 hours after death with "in the Dear of Health and Mercal Hypers prior" burial, cremation, or remy	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) GEORGE E. DAVIS 2. DATE OF DEATH 3. TIME OF DEATH DAVIS ANTI TEORGE 3:041 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-18-5597 CO/2/ 1 M 2 F MARYLAND 0 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR PRINCE GEORGE HOSPITAL P.G. CHEVERLY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY P.G. UPPER MARLBORO MARYLAND 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 20772 1077 LARGO RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: BY 3 Wildowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) LABORER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) EDNA HOLLAND F GOERGE DAVIS BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stage, Zip Code) 661 CHAPEL GATE DR. ODENTON, MD. 21113 BARBARA BELT pe 20g, METHOD OF DISPOSITION

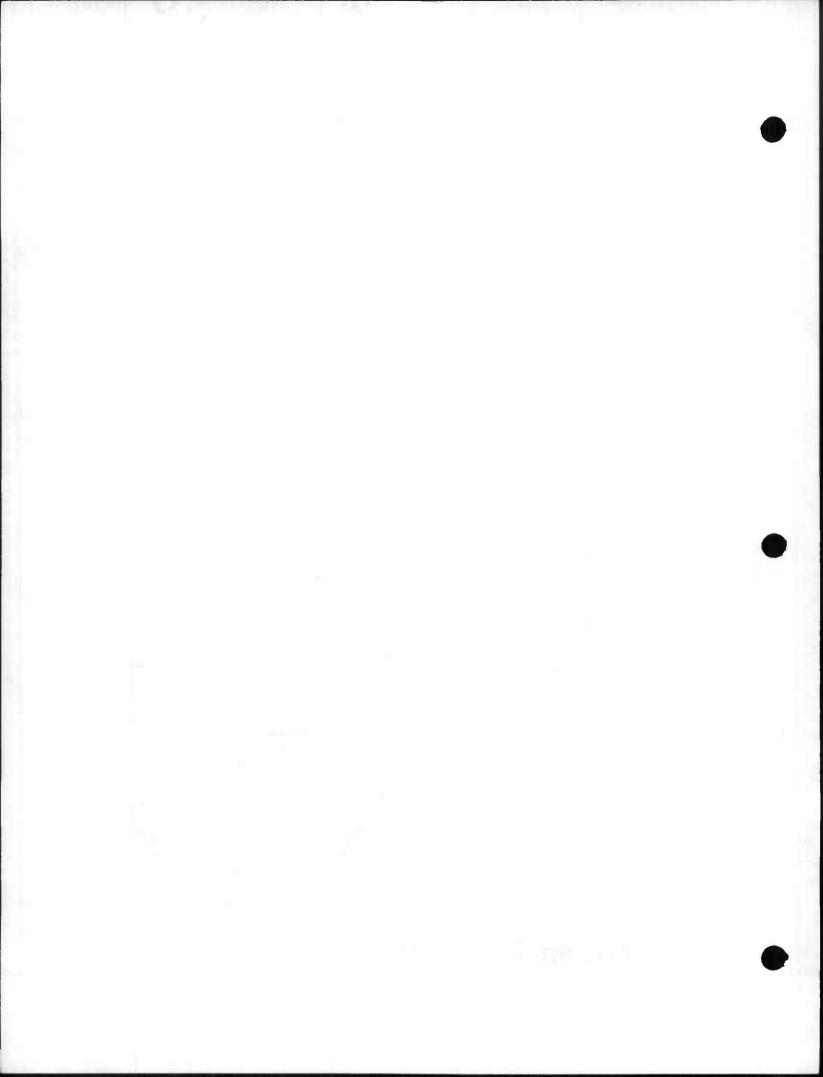
1 🖾 Burlal 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Must INELAWN MEM PARK 2/2/1993 ANNAPOLIS, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 1 avri 2 821 WEST ST. ANNAPOLIS, MD. 21401 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death Injury, or other traumatic event, the arteriordesoly Cardis was entry dis disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying contribution of the conditions contributing to deeth but not resulting in the underlying contribution. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Item 23 shows any 1 | YES 2 | NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE BEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO ne 5 🗆 Rasidence 8 🗆 Other (Specify) 4 🗆 Nurs 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner es stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29G LICENSE NUMBER BE alle ms 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

ENSOUNCE, MID 10701 TRAFTON 32, REGISTRAR'S SIGNATURE

Julia Savidson Bondale

FEB 0 2 1993

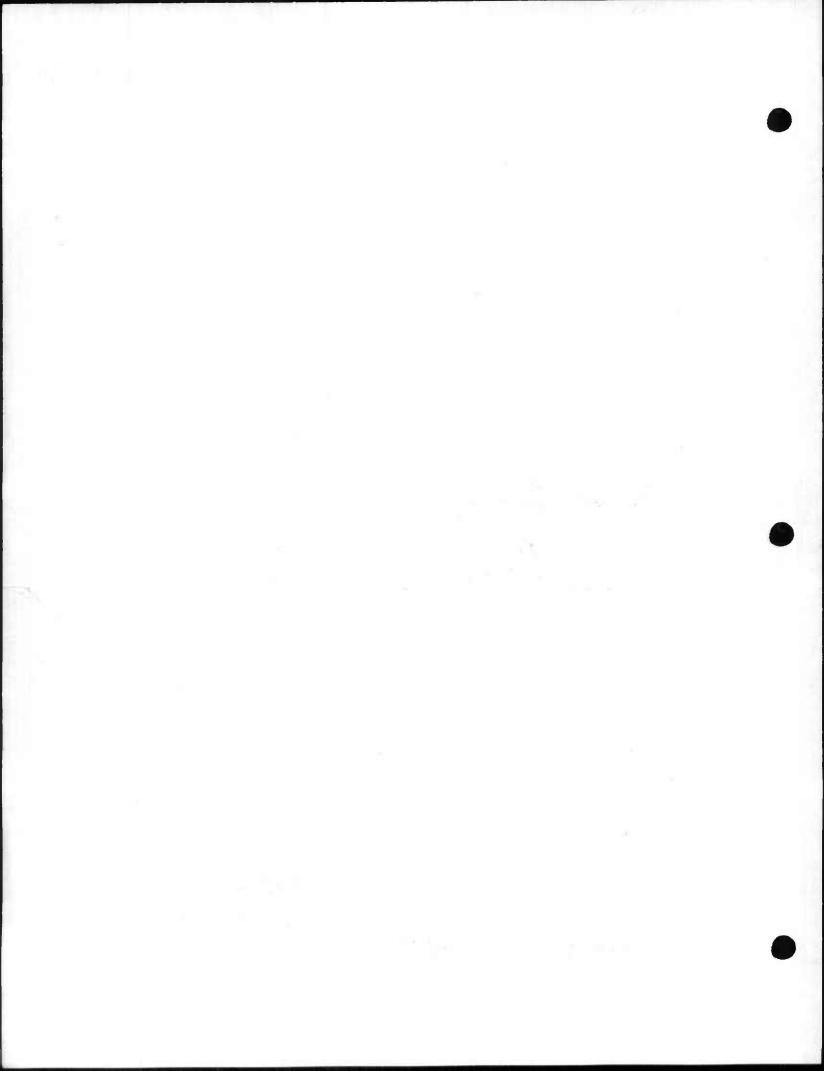


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REGISTRAR				CERTIF	ICATE	OF	DEA	TH		AL HYGIEN REG. NO.				
1. DECEDENT'S NAME	(First, Middle, Last,	2				-			2. DAT	E OF DEATH	AY	YEAR	. TIME OF DEATH	
Helen 4. SOCIAL SECURITY	W	Marie 5. SEX		Dai	Ley				02/02/93			, can	12:25p	
069-24-6	069-24-6702		6. AGE (In yrs. 79		IF UNDER	DAYS	HOURS	R 24 HRS.	7. DAT (Mo	E OF BIRTH (1th, Day, Year)		BIRTHPLACE (State or Foreit Country)  NY		
9a. FACILITY NAME (#	not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCAT	ION OF DE				INTY OF DEATH		
Meridian		g Center			Sev	ern	a Pa	rk			Ann	e Arı	Arundel	
Meridian RESIDENCE OF 10a. STATE NJ 10a. STREET AND NUM 45 Ely (		gen		10c. CIT Ru	aty, town on Location atherford								Od. INSIDE CITY LIMITS?  YES 2 NO	
45 ELY	roft Pa	rkway				101	. ZIP COD				10g. CITIZ	ITIZEN OF WHAT COUNTRY?		
3 Widowed 4			TEVER IN U.S. YES 2 [	ARMED NO	1 1	f yes, spi	ENDENT cubicity Cubic	nn, Mexice	n, Puerto	IN? (Specify Yea Rican, etc.)	or No-			
15. (Specif	DECEDENT'S EDI		16a,	DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N of works		16	b. KIND OF BUS	SINESS/INDU	STRY		
15. (Specific Specific	College (1-4 or 5	+)	Regist	se retired.)			ng		Doctor	la Of	Figo			
17. FATHER'S NAME (FI	st, Middle, Last)				50100	1101		HER'S NA		Middle, Maiden	-	rice		
James O							Anı	na Er	ngel					
Mr. Denr		19b. MAILING ADDRESS (Street and Number or Rural Rot 593 Shore Acres Road						Route Number, City or Town, State, Zip Code)  Arnold MD 21						
1 N-Burlat 2 Crer	20s. METHOD OF DISPOSITION  1 Septial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery). Cremation of other place)  Raymond Cemetery  Bronx, NY													
	11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy													
- Robe	ats 1	2_											MD 21146	
23 PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death)	(Final	Liet Only One Cat	iaa Uli each II	na.							ratory arra	st,	Approximata interval Between Onset and Das 2 4 hru	
If any, leading to in csuse. Enter UNDER CAUSE (Disesse or that initiated events	disease or condition resulting in death)  a. As piration Preumonia 24hn  Due to (or as a consequence of):  Crey fill—Takob disease  Bue to (or as a consequence of):  Crey fill—Takob disease  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):													
PART II. Other signi										24s. WAS AN / PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
25. WAS CASE REFERRE	D TO MEDICAL					28 PI /	ICE OF D	EATH (Che	ck only o	nel .		<u></u>		
EXAMINER?		HOSPITAL:	ER/Outpatient	3   DOA	OTHER	:								
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, De	INJURY	28b. TIMI	URY	28c. INJU WOF	IRY AT			SCRIBE HOW IN	JURY OCCU	RED		
2 Accident	Investigation  Could not be determined	28a. PLACE Of building,	F INJURY — At I	nome, tarm, a	treat, factor		ES 2	NO	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				e Number,	
29a. CERTIFIER (Check only one)	ERTIFYING PHYS	ICIAN: To the best of ER: On the basis of ax	my knowledge, o	death occurre	d at the tim	ne, date d	and place	, end due t	to the ca	use(s) and men	ner as stated		4	
29b, SIGNATURE AND TO	TLE OF CERTIFIE	R				-		NSE NUM		Process area			onth, Day, Year)	
Maring		um, m					0:	37	146	,	12.	-3-	93	
30. NAME AND ADDRES	S OF PERSON WH	IO COMPLETED CAUS	E OF DEATH AT	EM 27) /Time	Print)									

32. REGISTRAR'S SIGNATURE

FEB 0 4 1993



Then 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ENSEN

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32 REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

JAN 20

	24	file	JOH,	9
o,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE LAY requires that the death certificate be executed within 24 T	TO THE FUNERAL DIRECTOR: After the comment have en signed by the attending physician and completely filled	be filed within 72 hours after death with the South lives of Health and Memai Hyglene phof to burial, cremation,	IMPORTANT: If Item 28 is marked, or term 23 shows any injury, or other traumatic event, the
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DIVISION OF WITH RECORDS, P.O. BOX 68760,	DR A	DIREC	OULS	E
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	FOR 1 - STATE	STATE OF MAI	RYLAND / DEPAI	RTMENT OF H	EALTH AND	MENTAL HYGIE		) 00004				
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, L	ast)	CERTIF	ICATE OF	DEATH	2. DATE OF OEATH MONTH		3. TIME OF OEATH				
- 4		ry Downes		1		Jan 16		3 /Z-MICINITE				
2	4. SOCIAL SECURITY NUMBER 213-44-0414	12 M 2 F	AGE (In yrs. lest birthdey) 48 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	46.2 - 14. Ph 14 4	1944	BIRTHPLACE (State or Foreign Country) Maryland				
OR	9e. FACILITY NAME (If not institution, g			Green		DEATH	9c. COUNTY					
DIRECTOR	RESIDENCE OF DECEDENTION STATE 106. CO			ry, town on Loca ceensbo								
	100. STREET AND NUMBER 109 Hobbs Ro				ZIP CODE	2.0	10g. CITIZEN	1 YES 2 NO				
BY FUNERAL	11. MARITAL STATUS  11. Never Merried 2  Merried  3  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HIS	PANIC ORIGIN? (Specify Y Ican, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S (Specify only highest the secondary (0-12)	EDUCATION grade completed) College (1-4 or 8+)	(Give kind of life, Do NOT of	s usual occupati work done during mi ise retired.)	est of working		usiness/indus	Brothers				
BE COM	17. FATHER'S NAME (First, Middle, Las Charles H. I		_ p dairpine	ope ope	16. MOTHER'S	NAME (First, Middle, Maide a L. List	n Sumame)					
10	19a. INFORMANT'S NAME (Type/Print)  Margaret E. Melvin  Rt. 1 Box 367B Wyoming, Delaware 19934											
	20b. PLACE AND DATE OF DISPOSITION (Name of comparison) of the place)  1 The unital 2 Cremetion 3 Removal from State of comparison or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of comparison) or other place)  20c. LOCATION — City or Town, State of comparison or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	21. SIGNATURE OF FUNERAL SERVICE	They !	9	Flee	BOX T	lfenbein 60 Greens	Funer,	al Hm MD 21639				
=	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final A A A A A A A A A A A A A A A A A A A											
	immediate cause (Final disease or condition resulting in death)  ■ Hunshot Wound to head  a. Hunshot Wound to head											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II, Other significent cond	ilitiona contributing to de	ath but not resulting	in the underlyin	g ceuse given	in Part I. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	LACE OF OEATH	(Check only one)  ce 8  Other (Specify)		9				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige		93 - 1	2PM 1	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOV						
COMPLETED	3 Suicide 6 Could not determine 29a, CERTIFIER	ot be building, etč	(Specify) Hon			28f. LOCATION (Stree City or Town, Sta	te)					
COMP	(Check only one) 2 MEDICAL EXU							cause(a) and menner as stated.				
O BE (	COLUMB TITLE OF CER	WHO COMPLETED CAUSE	Deputy	MIE,	29g LICENSE	1664	29d. DATE	130 193				

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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF V	AF HOSPITAL DR ATTENDING PHYSICIAN: The

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31. DATE FILEO (Month, Day, Year)

FEB 05 '9

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH YEAR Mildred Sellers Day 1993 February 3 4:00 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 XX 416-07-9988 YRS. March 18,1900 92 Alabama the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH BC COUNTY OF DEATH DIRECTOR Carriage Hill-Bethesda Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 6748 Brigadoon Drive 20817 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 2 X NO 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 TYES XX NO Specify. ВУ 3√ Widowed 4 ☐ Divorced White use as COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRO (Specify only highest grade ò Elementery/Secondary (0-12) College (1-4 or 5+) detached 4 Teacher Public School System 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) should be 10 Frank Sellers Jessie Bellotte notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Ashby Foote 181 Rues Lane, East Brunswick, New Jersey 08816 90 20e. METHOD OF DISPOSITION
1 □ Burlel 2 🂢 Cremation 3 □ Ren 206. PLACE AND DATE OF DISPOSITION (Name of 2/4/93 DATE 20c. LOCATION — City or Town, State must funeral director, Montgomery Crematorium, Inc. 4 Donation 5 Other (Specify) Bethesda, Maryland ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00846 ichai the medical filled in by 23. PART I. Enter the diseases, pr complication of that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death event, the disease or condition cremation. Cardiopulmonary Arrest the attending physician and completely mental Hygiene prior to burlal, crematic resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Lymphoma traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Jujury, o 8 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DWE BOY 1 TES TO NO 1 | YES 2 | NO PHYSICIAN: this certificate ha 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4X Nurs 5 G Residence 6 G Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked. XX Natural 5 Pending investigation DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 49 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 Item 29a. CERTIFIER
(Check only 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL ( Ξ TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 296. SCHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

sur

Twie Davidson Rondoll

32. REGISTRAR'S SIGNATURE

George W. Graves, M.D., 5530 Wisconsin Avenue, Chevy Chase, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

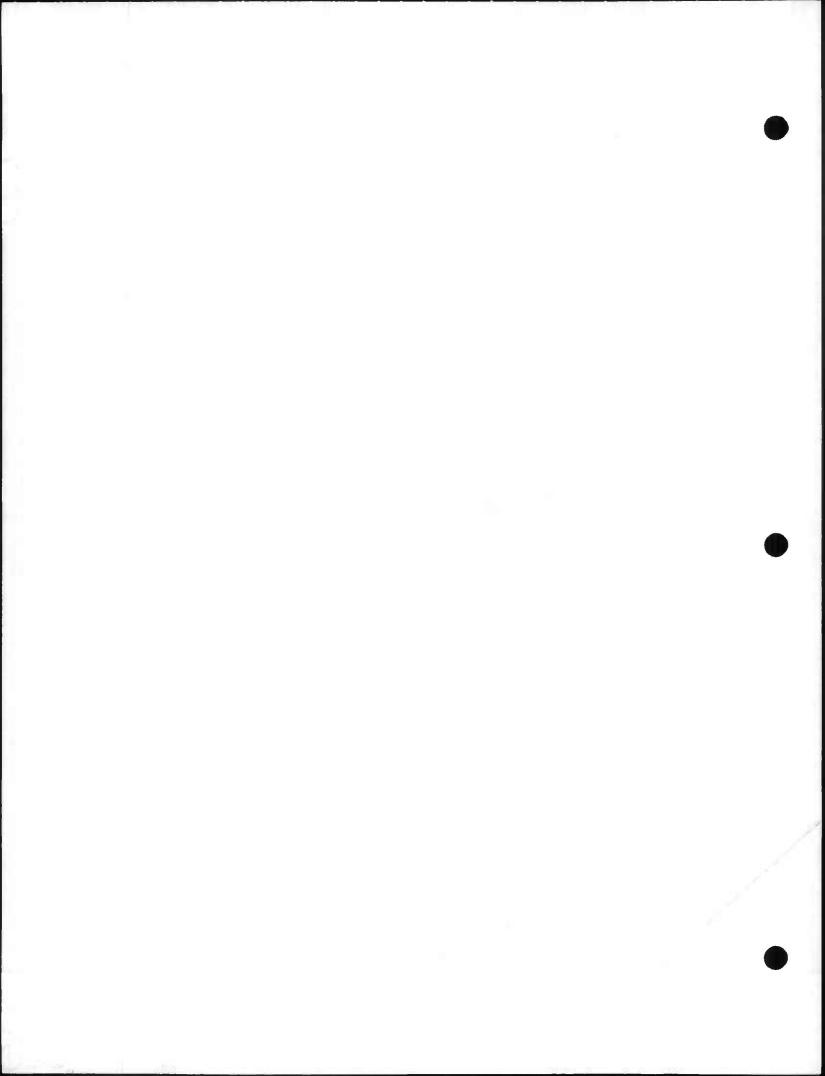
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

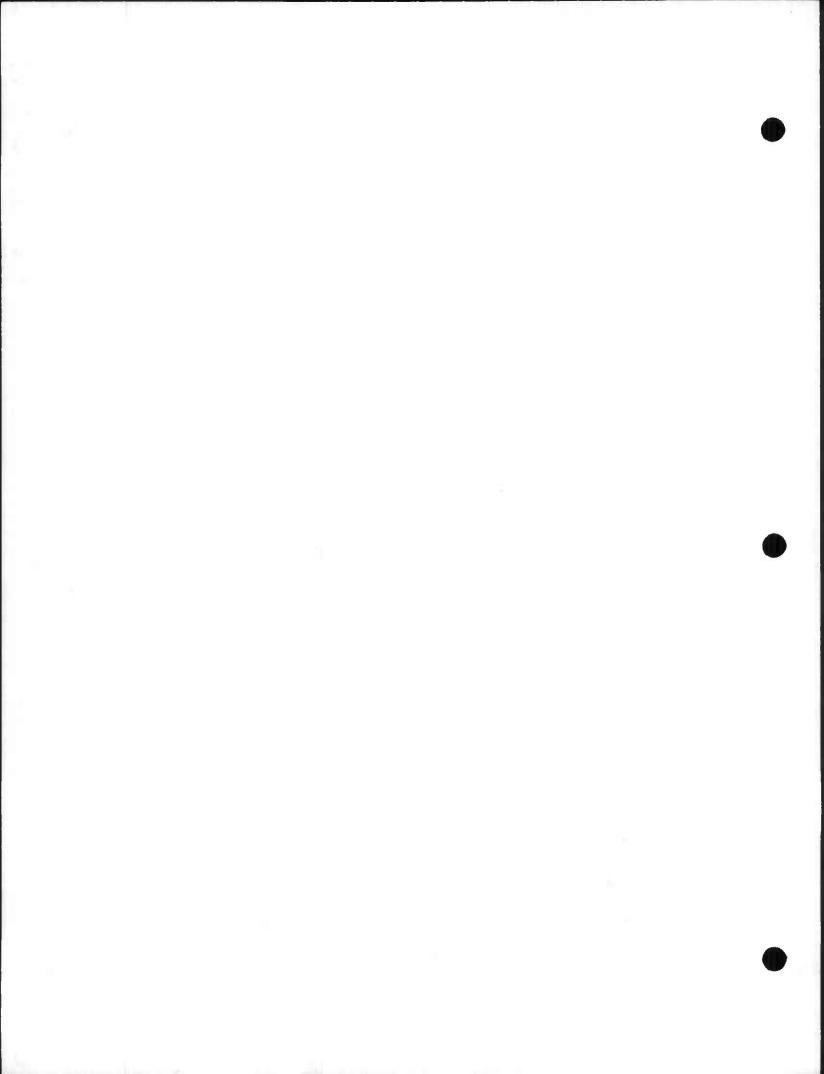
February 4, 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The per requires that the death certificate be executed within 24	centificate the best post by the attending physician and completely filled in by the the state of the completely filled in by the the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1, or them 20 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIT	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or its

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA	RTMENT FICATE	OF H	IEALTH DEA	AND I	MENT	AL HYGIEN	E	٥	3 0385
3	1. DECEDENT'S NAME (First BONT) 4. SOCIAL SECURITY NUMBER	am'	Benjamin				elf	ane	4	8	2	ž (	7 YEAR	3. TIME OF DEATH A
	212-09-8470		5. SEX	6. AGE (In	yrs. last birthday	MONTHS	DAYS	HOURS	MIN.		TE OF BIRTH onth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign Y)
	9a. FACILITY NAME (If not in		4.5		80 YRS.	9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH						Wis	consin
OR	Holy Cross						Silver Spring							
EG	RESIDENCE OF DEC	10b. COUNTY	Υ							MO	ntgor			
DIRECTOR	Maryland	Monte	gomery	omery Silver Spring							10d. INSIDE CITY LIMITS?  1 YES 2 NO			
	10e. STREET AND NUMBER							. ZIP COD	E			10g. CIT	IZEN OF Y	VHAT COUNTRY?
FUNERAL	3330 North	Liesur	e World	Drive	2			20906	5			U. 9	S.A.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y		13. WAS DECENDENT OF HISPANIC ORIGIN? (Speif yea, specify Cuben, Maxican, Puerto Rican, at 1 YES 2 NO Specify:					or No-	14. RACI Blaci Spec	E-American Indian, K, White, atc.		
ED	15. DEC (Specify onl	EDENT'S EDUC	CATION completed)	1	16a. DECEDENT	S USUAL O	CCUPATH	ON of working		1	66. KIND OF BUS	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0		College (1-4 or 5	+)		work done (use retired.)								
COMPLETED	17. FATHER'S NAME (First, M	iddle Last)	7		Mechan	rcar	Eng:	u		ME (E)	Syste		ngin	eering
l iii l	Clarence De	laney										Sumame)		
10 B	19a. INFORMANT'S NAME (1			Mary Osbun  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, St										
-	Benjamin 0.		ey Jr.						napo	lis	, Maryl	and	2140	1
	1 - Buriel 2 X Crematic	Benjamin O. Delaney Jr.  604 Dubios Ct. Annapolis, Maryland 21401  20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  Cremetery, comploy or other place)  DATE  20c. LOCATION — City or Town, State												
	4 Donation S Other (Specify) Fort Lincoln Crematory 2/4/93 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Hines—Rinaldi Funeral Hor												aryland	
	Denn	isac	apiton	6		1	1800	New	Ham	psh	ire Ave	. Si	lver	uneral Home Spring, Md.
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										ZY WS.			
MEDICAL O	PART II. Other algolitica	nt condition	s contributing to	death but	not resulting	resulting in the underlying cause given in Part I.						AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only	one)			
HYS	1 VES 2 NO		1 Inpatient 2 I		lent 3 DOA	_	28c. INJ	_	sidence		her (Specify)	HIEV OC	CURED	
ВУ Р		Pending Investigation	(Month, D	ay, Year)	"	JURY M	WO	AK? ES 2	∃ NO	200.2	24011102 11011 11		OUNED	
ED	3 Suicide 6	Could not be determined	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, farm	street, fact	ory, offic			261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLET			CIAN: To the best of R: On the basis of a:											) and menner se stated,
BE	296. SIGNATURE AND GIVE	us 1	Kozu	86	uus			D 2	ENSE NUI	AC	)	29d, DAT	E SIGNED	(Month, Day, Year)
5	LOUIS KOZ	LORK	, M.D.	\$218	H (ITEM 27) (Typ.	O, Print) AUE	; e	ETH	2501	A, A	10 20	180	7	
	TEB 04	<b>**9</b> 3	32. REGISTRA	P'S SIGNATI	URE	2								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR			ERIIF	ICALL	: OF	DEATH		REG. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH	NY .	YEAR	3. TIME OF OEATH		
	MARTHA	G.	DOUG					JA		,19	93	10:15 Pm		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTI	HPLACE (State or Foreign		
	578-07-3041	1 M 2 X F	77	YRS.		UNITE	moons with		ARCH 9,	1915				
	So. FACILITY NAME (If not institution, give a	treet and number)									DUNTY OF DEATH			
DIRECTOR	KENSINGTON GA		ISG. C	ENTE	<b>R</b>	KE	NSINGTO	ON MO				NTGOMERY		
RE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?		
₫		TGOMERY	IGTON	_				1 X YES 2 NO						
₹	10e. STREET AND NUMBER			10f. ZIP CODE						10g. CIT	IZEN OF	WHAT COUNTRY?		
ÿ	3000 McCOMAS	AVE.					2089	5			U.S	5.A.		
BY FUNERAL	11. MARITAL STATUS 1	TEVER IN U.S. YES 2	ARMED XNO	- 0	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specif	an, Puerl	GIN? (Specify Yes to Rican, etc.)	or No	14. RAC Blac Spec				
	15. DECEDENT'S EDU	CATION	140	DECEDENT'S	Hellal O	COLIBATIO	· · · · · · · · · · · · · · · · · · ·					WHITE		
Ë	(Specify only highest grade	completed)		(Give kind of a	work done	during mo	st of working	- [ '	16b. KIND OF BUS	SINESS/INI	DUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	)			TARY					G.T.E.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			DECT	TATA	т_					12 .			
	ROBERT E.	GRIGSI	BY SR.				18. MOTHER'S NA							
B	19a. INFORMANT'S NAME (Type/Print)	OLTOPI						LOUI		LAZE				
임	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	RIGSBY		19b. MAILING			nd Number or Rural							
	20s. METHOD OF DISPOSITION	VICEDI		131			AL IN.,	7	-					
-1	1 Burial 2 Cremation 3 Remarks Property	ovel from State	cemetery,	E AND DATE	of DISPOS	MA IDO	me of	OATE 20C. LOCATION — City or Town, State RIVERDALE, MD.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	CILA	MIDERVO			D ADDRESS OF FA	3/193	R	VERU	ALdi	MD.		
	MA Chan	nleran	D N	100091					TG O	TE DID A	TTP	MD. 20737		
CERTIFICATION	shock, or heart failure. List only one ceuse on each line.  Interval Between Onset and Dead disease or condition resulting in death)  Due 70 (OR AS A COMSEQUENCE OF):  Due TO (OR AS A COMSEQUENCE OF):  Due TO (OR AS A COMSEQUENCE OF):  Due TO (OR AS A COMSEQUENCE OF):  Due TO (OR AS A COMSEQUENCE OF):  Due TO (OR AS A COMSEQUENCE OF):										Onset and Death			
	PART II Other significant condition	e contributing to	doeth hut on	t an audéta a	la Aba aa	4-4-1-			1		1			
4: MEDICAL	- In the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second			not resulting in the underlying ceuse given in Part					24a. WAS AN PERFOR 1 TYES 2	NOTE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
¥ I	25. WAS CASE REFERRED TO MEDICAL					/28. PL	ACE OF DEATH (Ch	eck only	one)					
SIC	EXAMINER?  1 YES 2 THO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Whyn		e 5 🗆 Residence	8 T A	that (Spaniful					
Y PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF I	INJURY	28b. TIM		28c. INJ WO			DEŞCRIBE HOW II	NJURY OC	CURED			
LED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, e	FINJURY — At Mc. (Specify)	home, farm, s	street, fact	ory, offic		281. LC	OCATION (Street a ity or Town, State)	and Number	or Rural i	Route Number,		
COMPLETED		CIAN: To the best of r												
ត្ត 🏻	2 MEDICAL EXAMINE	R: On the basis of ex	amination end/o	r Investigatio	o, in my	pinton, d	eath occured at the	time, de	ate and place, an	d due to ti	ne cause(	e) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	bris	hb	6	he	0	29c. LICENSE NUI	0 -	15		1 /4	(Month, Def. Year)		
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEATH-OF	300	2	n	Dethis	1	elles	12	08.	17		
,	31. DATE FEB (MO) 4 93	Grana Da	and the second	dodalla		,								

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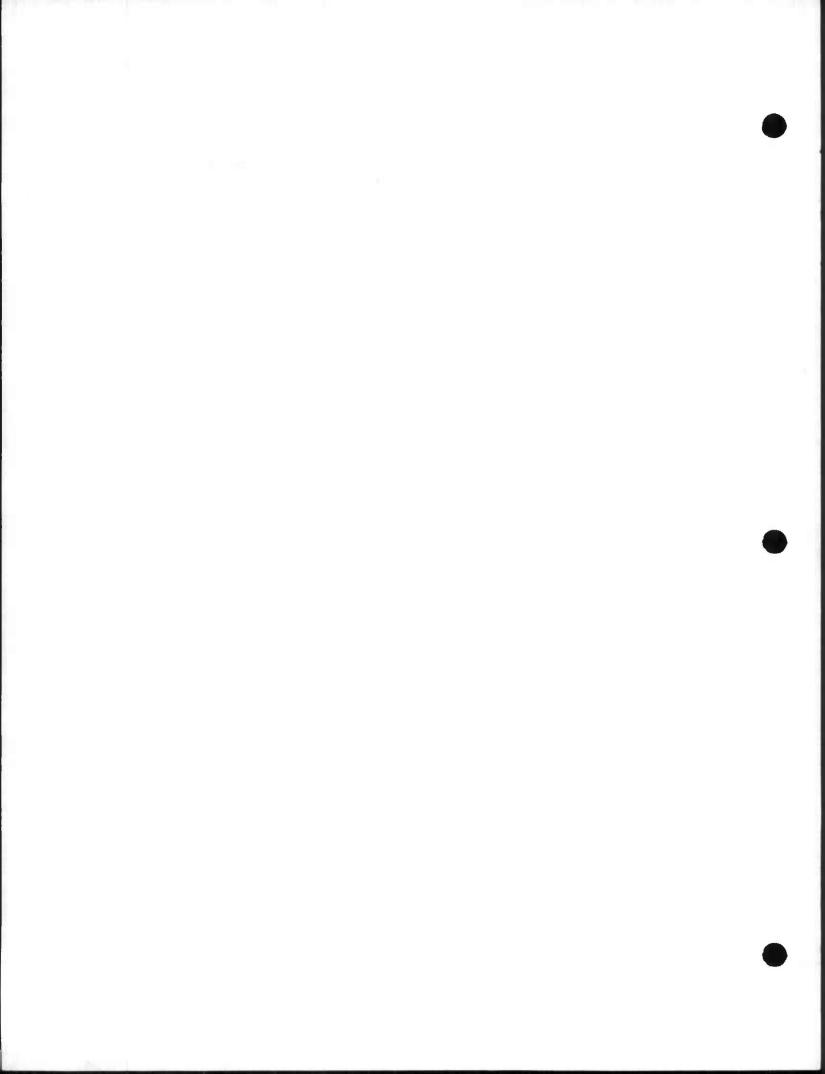
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 5 measure intransport or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the factor of defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIEN			
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	EUGENE E. DI	IXON			2/1/93	AY Y	10:37 a.M		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign	
	579-40-3591							Wisconsin	
TOR	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF OEAT  Montgomery General Hospital Olney Montgome RESIDENCE OF DECEMENT  96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF OEAT  Montgomery General Hospital Olney								
Ä	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland Mont	gomery	Si	Lver Sp				1 YES 2 NO	
RA	ATTACHED AT ANY ANY ANY ANY ANY ANY ANY ANY ANY ANY	"2 0		107.	ZIP CODE	0000		N OF WHAT COUNTRY?	
N N	15401 Bassett la	12. WAS DECEDENT EVER I	MILE ADMED	140 1110 1110		1906		ted States	
B	1 Never Married 2 XXMerried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	It yes, spe	elity Cuban, Mexical  NO Specify	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No —   14	4. RACE — American Indian, Black, White, etc. Specify: White	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USE	IAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	st or working				
M M		77	Administr	ative L	aw Judge	U. S.	Gover	nment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)		
BE	John Robinson Di	Lxon			Heler	n Mary Ros	S		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	loute Number, City or Tow	n, State, Zip Co	ode)	
-	Frances A. Dixor		Same a						
	20a. METHOD OR DISPOSITION 1 Durisi 2 Commention 3 Remo	oval from State 20t	PLACE AND DATE OF D	ISPOSITION (Na	me of			ty or Town, Stats	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Suburban C			2-2 Sil	ver Sp	ring, Maryland	
	Deex	X/ Ra	RP	Rapp	Funeral	Services.	P. A.	MD 0003.0	
	23. PART i. Enter the diseases, or o	complications that cause	the death. Do not	enter the mo	de of dying, such	nas cardiac or resp	r SDF1	ng MD 20910	
	shock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	ach iina.					Interval Between Onset and Death	
ŀ	disease or condition resulting in death)  a. MYG CARD/AR SUFARCTON 11HR  DUE TO (OR AS A CONSEQUENCE OF):								
z	- CARDWARY HUTCHY DISERSE								
임	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с							
	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION		d,							
AL.	PART ii. Other aignificant condition	s contributing to death b	out not reaulting in ti	na underlying	cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
Š	- 77					PERFOI	time o	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC							A	OF DEATH?	
ä						_			
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ick only one)			
Sign	1 VES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		THER:  Nursing Home	5 Residence	6 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DESCRIBE HOW	NJURY OCCU	REO	
В	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				
	3 Suicide 4 Homicide  S Could not be determined  Suicide 4 Could not be determined  Suicide 5 Could not be building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,	
PE	296. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	the time, data	and place, and due	to the cause(s) and me	nner es stated		
COMPLETED								csuse(s) and manner as stated,	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	A Esal	V mi	D,	29g LICENSE NUM	1968	29d. DATE S	SIGNED (Month,/Day, Year)	
ը	30. NAME AND ADDRESS OF PERSON WHO	1 1			7-5tes		rive to	24 7 1	
	31. DATE FILED (Month, Dey, 14) FEB 04 193	32 REGISTRAR'S SIGN	ATURE	0//	- die	unice 4	uve 1	o comac Me.	
	110 04 93	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A PROPERTY AND ADDRESS					40824	

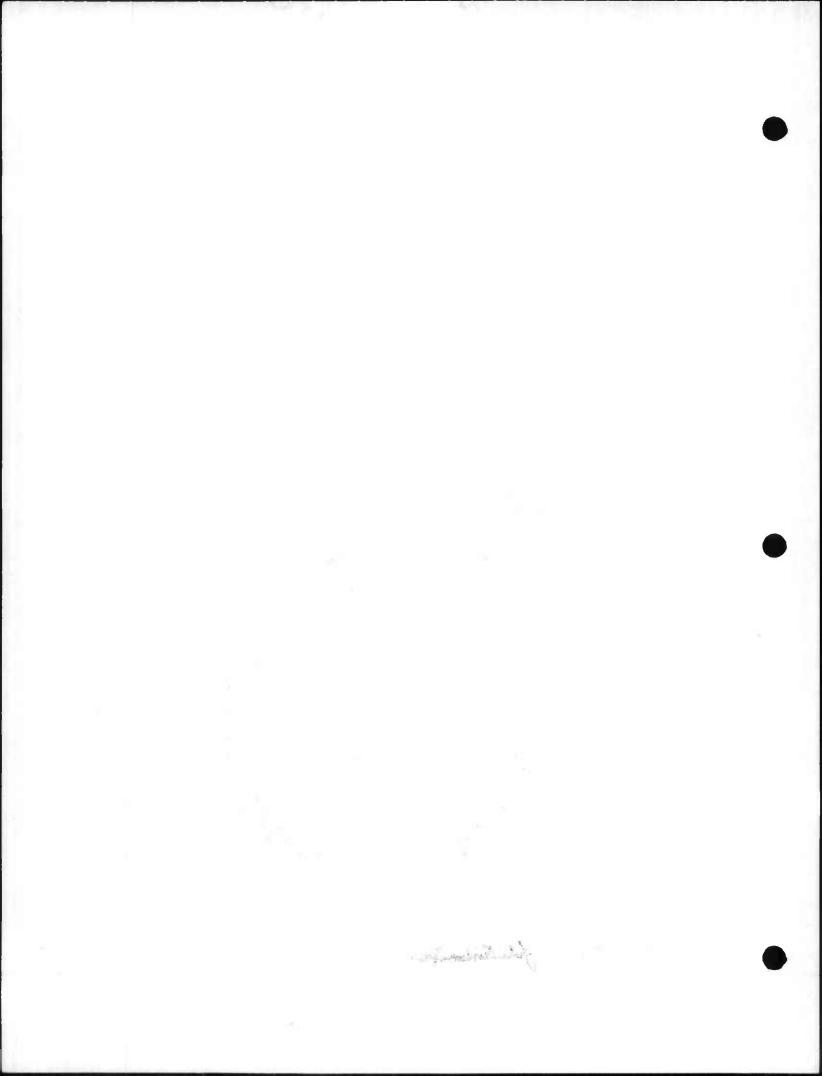


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DIVISION

	this certificate has been supported by the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deut, of Hamiltonian and completely filled in the state Deut, of Hamiltonian and completely filled in the state Deut.	
	ages 1, 2	
	ermit. P.	
lan.	transit p	
g physic	e burial	
attendin	se as th	
spital or	ned for u	
y the ho	e detact	4
stained b	should t	A 1010
nay be n	page 5	A feet or
Page 6 r	I director	-
r death.	he funera	ave.
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thin 24 h	that physician and completely filled in by the	4 46.0
cuted wil	d comple	Ha area
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gerfficat	ding phy	-
he death	1	
100	Order Na	d
W recom	been su	2 about
HYSICIAN: The law requires the near particate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	s certificate has been stored by the change the the State Dept. of Health and the state Dept.	of on them 22 about 10 about the territorial and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and th
HYSICIA	this certif	had be
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DR ATTE	THE FUNERAL DIRECTOR: A filed within 72 hours after d	SOUTHWE IS them 30 to market
OSPITAL	UNERAL ithin 72	MAT. 14
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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.
l. C	DECEDENT'S NAME (FA	rst, Middle, Last)	2. DATE OF DEATH
	Iris	K. Del Vecchio	MONTH DAY

	1 - STATE REGISTRAR	SIAIE UF		D / DEPAR CERTIF					MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, La	ist)		OLITTI	IOAIL		DEA	1	2. DATE OF DEATH			3. TIME OF DEATH	
1	Iris K.						MONTH DAY YEAR						
				s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIFTTH	, ,			
- 9	577 28 0628	88	YRS.	MONTHS	DAYS	HOURS	MIN.	May 20,19	04	Count	γ)		
	9a. FACILITY NAME (If not institution, gi	ve street and number)	00		9b. CITY	TOWN O	R LOCATIO	ON OF DE					
Œ			omo										
DIRECTOR	Bethesda Retirement Home					вет	hes	ua_		MO	ntgo	mery	
1	10a, STATE 10b. COUNTY			10c. CIT	ry, town o	R LOCAT	ION					10d. INSIDE CITY	
=	MD	MONT.			BE	THES	SDA					1 V YES 2 NO	
A	10e. STREET AND NUMBER					101.	ZIP CODE	E		10g. Cl	TIZEN OF Y	VHAT COUNTRY?	
8	5301 WESTBARD	CIRCLE					208	316			U.S	S. A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER					ENDENT C	F HISPANI	C ORIGIN? (Specify Ye	s or No-	14. BACI	- American Indian	
	1 Never Married 2 Married		YES 2					n, Mexican Specify:	, Puerto Rican, etc.)				
ВУ	3 📉 Widowed 4 🗌 Divorced						W.				1210 PM  B. BIRTHPLACE (State or Foreign Country) North Carolina  COUNTY OF DEATH  ION T GOME TY  10d. INSIDE CITY LIMITS? 12 YES 2 NO  CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indian, Black, Whita, etc. Specify: WHITE  SINDUSTRY  JARE  The City or Town, State twood, MD.  RS SONS INC. I. D.C. 20016  I. Approximata Interval Between Onset and Death  SPSY  24b. WERE AUTOPSY FINDINGS AMAILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO		
띹	15. DECEDENT'S E (Specify only highest gi		16a	. DECEDENT'S	USUAL O	CCUPATIO	N st of workin	in	16b. KIND OF BU	SINESS/IN	IDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)								
M P	12		E	ecuti	ive V	ice.	Pres	iden	t HA	RDWA	RE		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	HER'S NAM	IE (First, Middle, Maiden	Sumame)			
BE	GEORGE	KERNOBLE					KA	THER	INE LEE C	OBB			
5	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tox		ip Code)		
-	Claire D. JOHNS	TON		6313 I	Banno	ck E	Burn	Dr.	Bethesda,	Md.	208	317	
	20a. METHOD OF DISPOSITION  1 17 Burial 2 Cremation 3 F	larnoval from State		CE AND DATE		ITION /Na	me of		1	CATION -	- City or To	wn, State	
	4 Donation 5 Other (Specify)			Linco		emet	erv	2/1	l/1993 Br	entw	rood,	MD.	
	21. SIGNATURE OF FURITIES SERVICE	LICENSEE O						SS OF FAC	INS GAW	T.FRS	SONS	TNC	
	JOS GAWLERS SONS INC.  5130 WI AVE NW WASHINGTON, D.C. 20016												
	23. PART I. Enter the diseases,			-	DOL anter	the mo	de of du	E NW	WASHING	TUN,	D.C.		
CERTIFICATION													
		d											
CAL	PART II. Other significant condit	tions contributing to	death but n	ot resulting	In the un	derlying	cause (	given in F	Part I. 24s. WAS AN	AUTOPSY	24b		
									1 7 YES	2   NO			
ME												1 X YES 2 NO	
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Chec	ck only one)				
S	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatier	n 3 🗆 DOA	4 Danu		5 🗆 Re	sidence (	Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH	28a. DATE Of (Month, ii		28b. TIM	IE OF	28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation		,, 10,		M		ES 2	NO					
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)												
COMPLETED		IVSICIAN: To the best of										) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTI							-					
H	1 Cancol 1 2	Whicht	MA				29c. LICE	ENSE NUM	BEH	29d. DA	TE SIGNED	(Month, Day, Year)	
2	· wormed s	VI JUGIN	-110			- 1	0	C.M	F		1 29		
1 - 1	30 NAME AND ADDRESS OF DESCOU	WHO COMBI ETER CO.	SE OF DEATH	ATEM OF T	04		0.	C. a I'l	-114	0	1 29	1993	
-	30. NAME AND ADDRESS OF PERSON		SE OF DEATH										
F		ght, MD.	SE OF DEATH	1 Per		tre			timore,				



BALTIMORE, MARYLAND 21215-0020	The Manager of the conflicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate are sent some transfer of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE NW MACHINE THE SEATH CERTIFICATE DE EXECUTED WIthin 2	TO THE FUNERAL DIRECTOR: After this outsitions that to be attending physician and completely

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF		MENTAL HYGI REG.				
1	1. DECEDENT'S NAME (First, Middle, Last)	ampten HAMI	Davi	ĮVIS S		2. DATE OF DEATH	1° 2879	S. TIME OF DEATH		
	365-20-149747	1 🔀 M 2 🗆 F				7. DATE OF BIRTH	23	N. Carolina		
стов	9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Shady Grove Adventist Hospital Rockville  RESIDENCE OF DECEDENT  9c. COUNTY OF DEATH  MONTGOMERY									
DIRE		tgomery	11000	town on Local				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	9243 Stewartow				ZIP CODE 208			U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XYES IF YES, GIVE WAR OR DO	2 NO	If yes, o	ENDENT OF HISPA ecity Cuban, Mexic XXNO Spec	NIC ORIGIN? (Specify an, Puerlo Rican, etc. ly:	Yes or No.— 1	4. RACE — American Indian, Black, White, etc.  Specify: Black		
LETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed) College (1-4 or 5 +)	We. Do NOT use	ork done during m retired.)	ist of working		BUSINESS/INDU			
COMPLET	10th 17. FATHER'S NAME (First, Middle, Lest)		Machi	ne Ope		F.O		Construction		
BE C	Willie Davis					sie Alle				
2	19a. INFORMANT'S NAME (Type/Print) Maybelle E. Dav	vis (wife)	4			Route Number, City or		burg, MD		
	20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	20b	PLACE AND DATE OF	FDISPOSITION (N	ame of	OATE 20c	LOCATION — CI	ty or Town, Stata er Spring, MD		
,	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE NOV	rdew	SNOV	DEN FU	NERAL HO	OME, P			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or leart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Congestive Heart Failure  Due to (or all a consciouence on):  Due to (or as a consequence on):  Due to (or as a consequence on):  Due to (or as a consequence on):  Due to (or as a consequence on):  Due to (or as a consequence on):  Due to (or as a consequence on):									
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PHYS	1 ☐ YES 2 ☐ ÑO  27. MANNER OP DEATH	1 Inputient 2 ER/Outp		4 - Nursing Hon	URY AT	8 Other (Specify)	M INTITIES OCCI	DEO.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY W	PRK? YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED			
ETED I	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLE		ICIAN: To the best of my know ER: On the besia of axamination						I. cause(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	A A			29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. F	Print)	293	00	1	128/93		
	31. DATE-FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  4. A Company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the									

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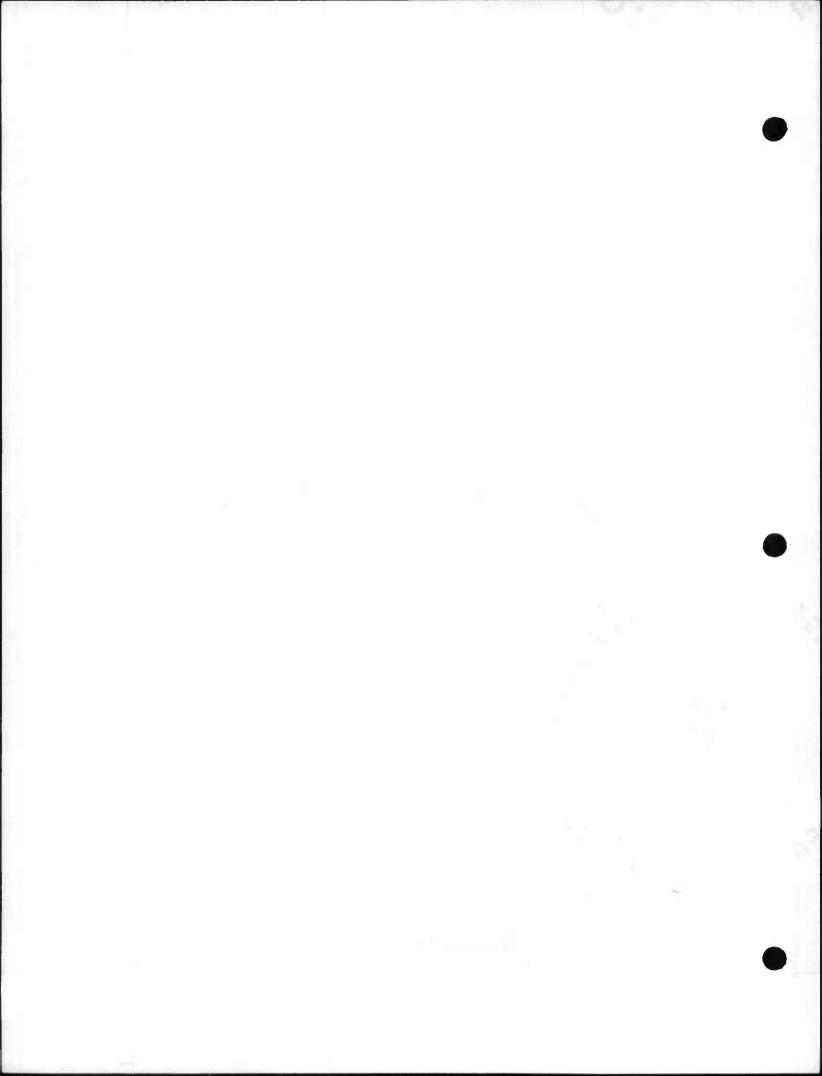
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AERISTRAT'S SIGNATURA

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02 81 Y543 1:17 RICHARD F. DUNLAVEY PM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOURS 1 XM 2 F YRS. 272-32-1293 55 Nov. 11, 1937 New York 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5909 Tudor Lane 20852 United States 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Computer/Information Elementary/Secondary (0-12) College (1-4 or 5+) Project Director 5+ Systems once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ Stephen Dunlavey Frances Titcomb BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela Ann Dunlavey 5909 Tudor Lane, Rockville, Maryland 20852 pe 20e METHOD OF DISPOSITION
1 Burlat 2 Cremation 3 Removal from State 20h PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Norbeck Memorial Park 2/4/93 4 Donation 5 Other (Specify) Olney, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave., Bethesda, MD 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00198 ale tornos medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final ş disease or condition 6 DAYS ナレンしんん resulting in death) NEUMONIA event, DUE TO (OR AS A CONSEDUENCE OF): DOSE other traumatic WKS CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (DR AS A CONSEDUENCE OF): 15 cause. Enter UNDERLYING HODGIN mo CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST ö thing any jaffry, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 X YES 2 NO -UNICTION LIVER 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) or item EXAMINER?
1 YES 2 NO HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) ent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Netural 5 Pending Investigation 1 YES 2 ND ВУ 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner 296. SIGNATURE AND TITLE OF A 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year, BE 22 2 OM LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDR



DIVISION OF VITAL HECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146 TO THE HOSDIAL OR ATTENDIAG PROSICIAL TO BE A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRA	TO THE FUNEFAL DIECTOR. After this certificate the transfer private the private that the fine of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of	IMPORTANT: If Item 28 is marked, or Item ************************************
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		FOR STATE REGISTRAR	STATE OF M			TMENT O				YGIEN	E		
Γ	ļ	1. DECEDENT'S NAME (First, Middle, Last)					2222		2. DATE OF		Υ	YEAR 3.	TIME OF DEATH
			EATRICE				DREWR				4,199		9:25 P M
		4. SOCIAL SECURITY NUMBER 577-40-6720	5. SEX 1  M 2XXF	MONTHS DAYS NOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)  01-06-1924  8. BIRTHPLACE (State or Foreign Country) Virginia						
	_	9e. FACILITY NAME (if not institution, give street end number)				WN OR LOC	ATION OF DE	ATH			TY OF DEAT	н	
	ğ	PHYSICIANS MEMO	RIAL HOS	L HOSPITAL LA PLATA						CHAR	LES		
	DIRECTOR	100. STATE 10b. COUNTY Maryland Char	1es			y, town on i							LINSIDE CITY LIMITS? YES 2 7 NO
		10e. STREET AND NUMBER			1 110	9110011	101. ZIP C	DDE			10g. CITIZ	_	COUNTRY?
	E	Route 1 Box 256					20	637			J	JSA	
BY FUNERAL	_ 11	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE W	YES 2X		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			or No—	14. RACE — Black, W Specify:	American Indian, hite, etc.		
	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. Di	ECEDENT'S	USUAL OCCU	PATION	ddaa	16b. KJ	ND OF BUS	BINESS/IND	JSTRY	
		Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Ide	a. Do NOT u	retired.)	•	, and			ernme		12
66.	COMPL	17. FATHER'S NAME (First, Middle, Last)			DEC	retar		OTHER'S NA	ME (First, Mide			of De	fense
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Hilled	0	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (S							
be no	임	Edward McClung			Rt 1	Box 2	56 Hu	ghesv	ille (	_			
must b		20e. METHOD OF DISPOSITION 1 Disposition 3 Remo	No. 3 - Removel from State   20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)   20c. LOCATION - City or Town, State   Clinton, MD 20735										
E	ĺ	4 Donation 5 Other (Specify)	NSEE		Te		ME AND ADD	RESS OF FA	CILITY	CII	nton,	MD Z	0735
examiner		J.H. Eberwein Mortuary La Plata, MD 20646											
medicai	1	23. PART Enter the diseases, or conshock, or heart failure. L				not enter th	e mode of	dying, suc	h ee cardie	or respi	retory erro	est,	Approximate Interval Between Onset and Death
other traumatic event, the		immediate cause (Finsi disesee or condition resulting in desth)	1/2	elu		en		Edo	مبد				
even	_	DUA TO (OR AS A CONSEQUENCE OF):											
matle	CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE 10 (	OR AS A CONSE	EQUIENCE O	J 14	رانون	-	nei	200	_		
or trac	CA	cause. Enter UNDERLYING CAUSE (Disease or injury				-		- 2:					
othe	F	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	IQUENCE O	F):							
7, 04	<u> </u>												
any injury.	ICAL	PART II. Other significant conditions		death but not		in the Unde				PERFOI	RMED?	AM CC	FRE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE
¥	MEDI	Diale	Car .	Week									DEATH?
III.	PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHER:	26. PLACE O	F DEATH (Ch	eck only one)				
-0	IXSI	1 YES 2 -MÓ	1 Inpatient 2 28e. DATE OF		3 DOA 28b. TII	4 - Nursin	Home 5		8 Other (		N RIEV OCC	YIBEO	
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28 is	밀	3 Suicide 8 Could not be determined		INJURY — Al h	iome, farm,	street, factory	, office		28f. LOCATI City or	ON (Street Town, State)	and Number	or Rural Rout	e Number,
T. If Item	COMPLE	29e. CERTIFIER 1 CERTIFYING PHYSIC (Check one) 2 MEDICAL EXAMINE											nd manner as stated.
MPORTANT.	ш	296. SIGNATURE AND TITLE OF CERTIFIER						LICENSE NU			29d. DATE	SIGNED (M	onth, Day, Year)
IMPC	0 B	30, NAME AND ADDRESS OF PERSON WHO	COMPENSATION	Sac our Co	P14 100 (5-)	- Di-n	ח–	25992				1/2	193

Khadar Baig, MD. P.O.Box 190 18 Highway 301 South LaPlata, Maryland 20646

DATE FILED (Month, Day, Year)

FEB 08 '93

Julia Davidson Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing Processing

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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate her service attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Company or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The and the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate his programment at a state of the properties of the programment of the present of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment	IMPORTANT: Il item 28 is marked, or item 23 wows any Jury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF H	EALTH AND	MENTAL HYGIEN		3 03003	
	1. DECEDENT'S NAME (First, Middle, Last)  DAVID LLOYD	DAVIES				2. DATE OF DEATH	4 1993	3. TIME OF DEATH	
	210 01 1010	1XXM 2 □ F 75	s. lest birthday) IF UI YRS. MONT	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTHY (Morth, Day, Your) Dec. 03 1	8. Bit	RTHPLACE (State or Foreign unity)	
TOR	90. FACILITY NAME (II not institution, give stre Gunpowder State F RESIDENCE OF DECEMENT						ath 8c. county of death Baltimore		
DIRECTOR	10a. STATE 10b. COUNTY	Arundel	10c. CITY, TOV	on LOCAT	ion Park	-		10d. INSIDE CITY LIMITS? 1  YES XX NO	
NERAL	37 Hatton Drive				1146 log. CITIZEN OF WHAT COUNTRY? United States				
BY FUNERAL	11. MARITAL STATUS  1 Never Married XIX Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 V YES 2 IF YES, GIVE WAN OR DATES WWIII	ARMED NO	If yes, sp	ENDENT OF HISPAI Incity Cuban, Mexica 2 X XO Specif	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.) y:	В	ACE — American Indian, lack, White, etc. Decity: White	
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a ompleted) College (1-4 or 5+)	Give kind of work do	one durina mo	N st of working	16b. KIND OF BU	ISINESS/INDUSTR	1	
OMPL	17. FATHER'S NAME (First, Middle, Last)	4	Superviso	or	18. MOTHER'S NA	D. ME (First, Middle, Malder	istille	Ly	
BE	John David Davi	es	105 MAILING ADDS	E00 (01	ad Nombro or O	Alice Rob Route Number, City or Tox	_		
5	Marian D. Davie		37 Hatte	on Dri	ve Seve	erna Park,	MD 2114	16	
	20b. NETHOD OF DISPOSITION    DATE   20c. LOCATION - City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	Heller,		22. NAME AN 147 DU	ke of Gl	courester.	or Funer Street A	ial Home Innapolis, MD	
	23. PART I. Enter the disease, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplicationa that coused the st only one couse on each	Ilne.	nter the mo	de of dying, suc	h aa cardlac or reap	piratory arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED?  1 YES 2 TO COMPLETION OF CAUSE OF DEATH?						COMPLETION OF CAUSE		
PHYSICIAN:	25. WAS CASE RESEARED TO MEDICAL			20.00	ACE OF DEATH (Ch				
SICI	EXAMINER!	HOSPITAL:		IER:		6 Other (Specify)	35.00	(Echine)	
	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOW	INJURY OCCURED	VISHIN	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street,			28f. LOCATION (Street City or Town, State	CATION (Street and Number or Rural Route Number, or Town, State)		
COMPLETED	12.0	AN: To the best of my knowledge						ie(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	5			290 LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)	
5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	(1)	01	12011	Trapera	1-93	
!	31. DATE FILED (Morith, Day, Year) FEB 0 8 1993	39. REGISTRAR'S SIGNATURE JUNA DAVIDON-1	Indelle	ar ha	HAR	40-111	Horizal	THII RI	

uneral director, page 5 should be

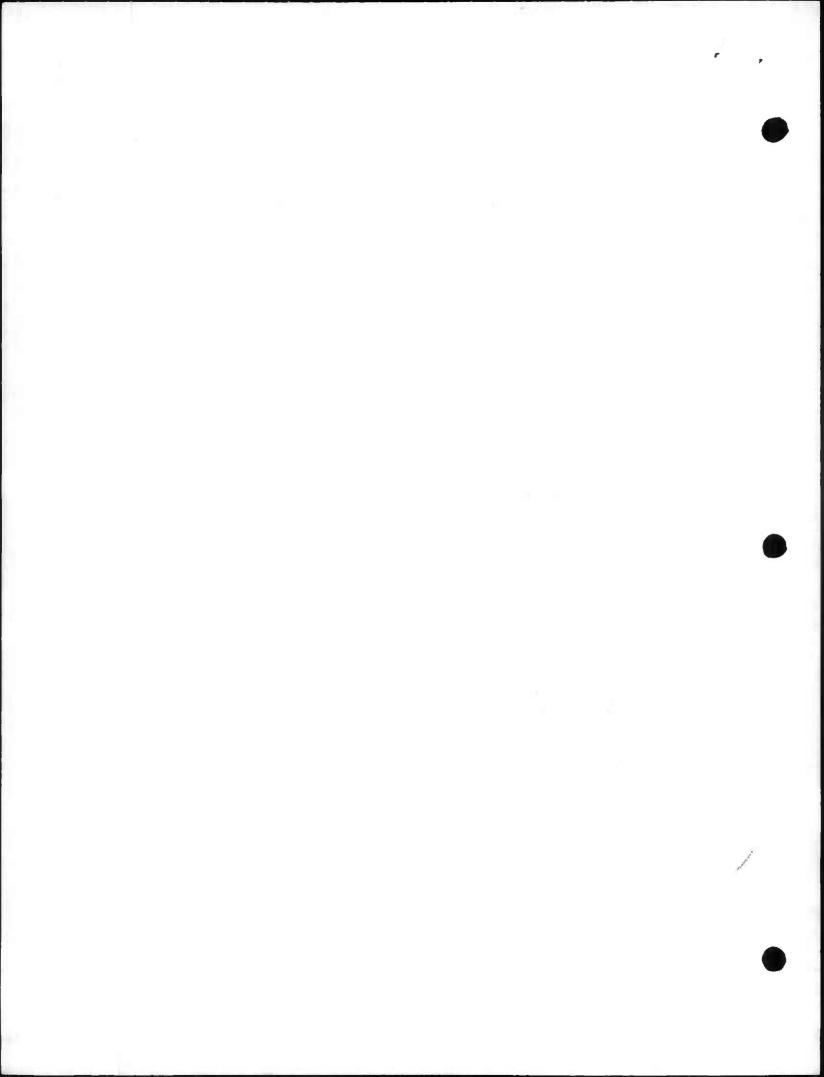
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JE VII AL KEC	rSICIAN: The law requires	s certificate has been sign th the State Dept of	d, or Item 23 shows,
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SION OF VITAL REC	TENDING PHYSICIAN: The law requires	OR: After this certificate has been up the officer of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State Dept of the State De	18 is marked, or item 23 appear
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires	AL DIRECTOR: After this certificate has been and 72 hours after death with the State Deut of	If Item 28 is marked, or Item 23 shows
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DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been accessed at attending physician and completely filled in by the fi be filed within 72 hours after death with the State Death of the series and in the Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injuly, or other traumatic event, the medical ex

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH, 2. DATE OF DEATH -28 LEVI 5. SEX 8. AGE (In yrs. last birthday IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR B. BIRTHPLACE (State or Country) 1 X M 2 | F HOURS 213-28-1347 May 2, 1916 Maryland St. Mary 9b. CITY, TOWN OR LOCATION OF 9c. COUNTY OF DEATH ST, M DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? St. Mary's Maryland Hollywood 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1051 Clarks Mill Road 20636 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-ff wea. specify\_Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican, P

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 7th Grade Truck Driver Fuel, Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at David Richard BE Dean Myrtle Mae Copsey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mary D. Dean 1051 Clarks Mill Rd. Hollywood, Maryland 20636 pe 20s. METHOD OF DISPOSITION
1 S Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Charles Memorial Gardens 2/1/93 Leonardtown, Maryland 4 Donation 5 Other (Specify) medicel examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. Hardener nichael P.O. Box 270 Leonardtown, Maryland 20650 23. PART I./Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Syster shork rut we any injuly, or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) EDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL ARLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 790 1 THE TO ME BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 2 D ER/Outs ent 3 DOA 4 ☐ Mursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 29c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Minust 5 Pending Investige 1 YES 2 NO 2 Accident 3 🔲 Sulcide 29e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 201. LOCATION (Street and Number or Flurel Novite Number, City or Bave, State) BE COMPLETED 4 [] Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29th SIGNATURE AND TITLE OF CERTIFIER 29t. LICENSE NUMBER 29d. DATE SIGNED (Mgrith, Day, War) 93 9 30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James C. Boyd, M.D. Leonardtown, Maryland 20650 31. DATE FILED (Month, Pay, Mar) 32 REGISTRAM'S SIGNATURE LAND DAVIDSON - Mandalle



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

e executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	an and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	r to burial, cremation, or removal.
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93 03865 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Charles Hudson 0.1 Dona ldson 1993 0144 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 📮 M 2 🗌 F 220-34-2669 932 Baltimore April 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 110 Woodlawn Drive <u>Lexington Park</u> St. Marys 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's 1 YES ZY NO <u>Lexington Park</u> FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY! 110 Woodlawn Drive United States 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Fire Instructor Fire Department be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Charles Sueble Donaldson Mary Eleanor Hudson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Fairfax Lynn Drive, Lexington Park, Maryland 20653 20a. METHOD OF DISPOSITION
1 Denial 2 Cremation 3 Real Denial Communication S Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place; FDISCODAL 1/2 George 11/29 Valley Iee, Maryland examiner Brinsfield Funeral Home Edward N. Brinsfield washington Street, 59 N. Leonardtown medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY YES 2 NO OF DEATH? YES 2 NO Item 28 Is marked, or Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) FOUND Found 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🗋 Natural 5 Pending Investigation 1 YES BY 266. PLACE OF INJURY — At home Subject stabbed 2 Accident 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 110 Woodlawn Drive at home 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. (Check only 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(e) end menner se stated. E AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE whia Davidson-17

C.M.

Penn Street Baltimore

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IMPORTANT: II

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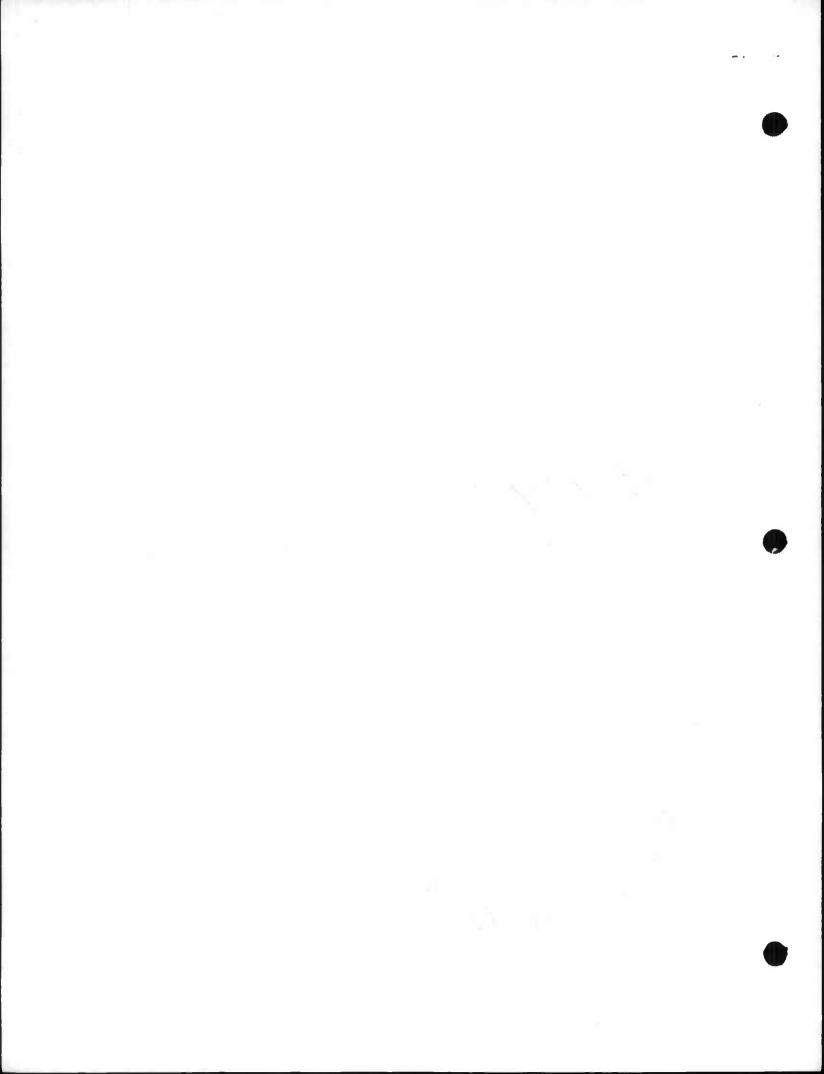
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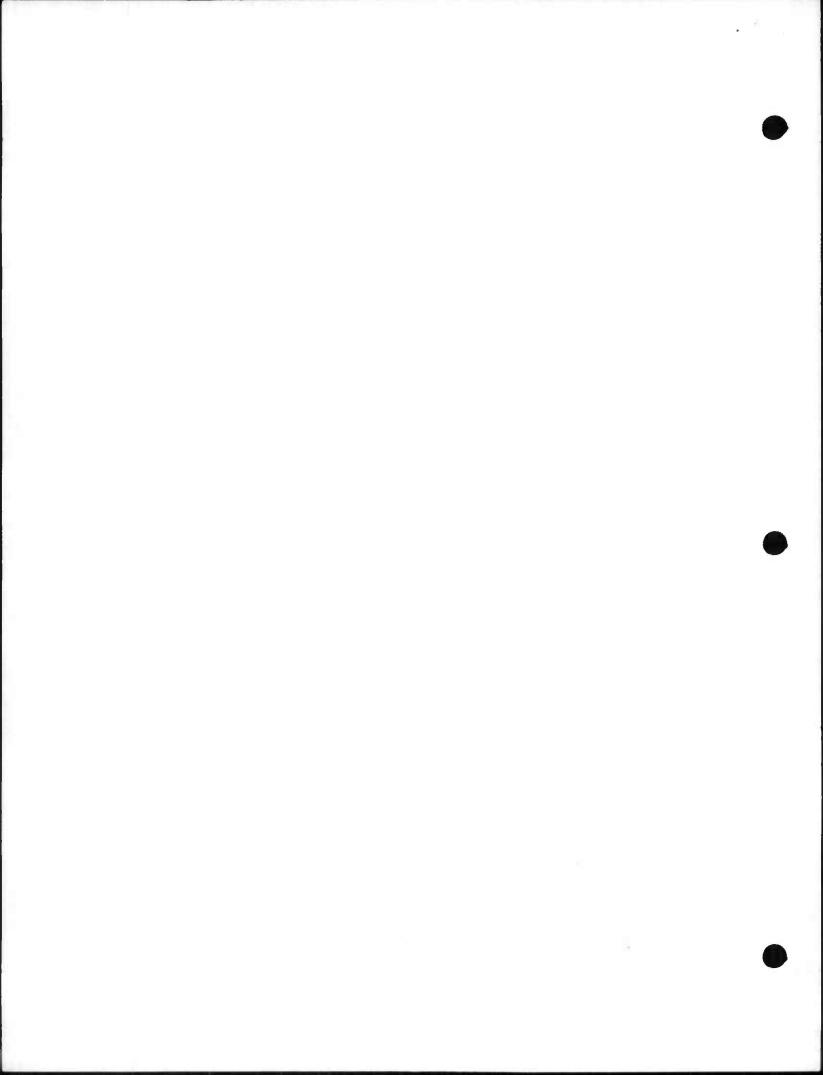


BALTIMORE, MARYLAND 21215-0020	HISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	recriticate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be both of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTACK PHYSICIAN: The law requires that the death certificate be executed within 29	TO THE FUNERAL DIRECTOR START IN CONTINUED TO START DEPT. OF THE ATTENDING physician and completely fine field within 72 neurons and completely fine State Dept. of Health and Mental Hygiene prior to burial, cremation	

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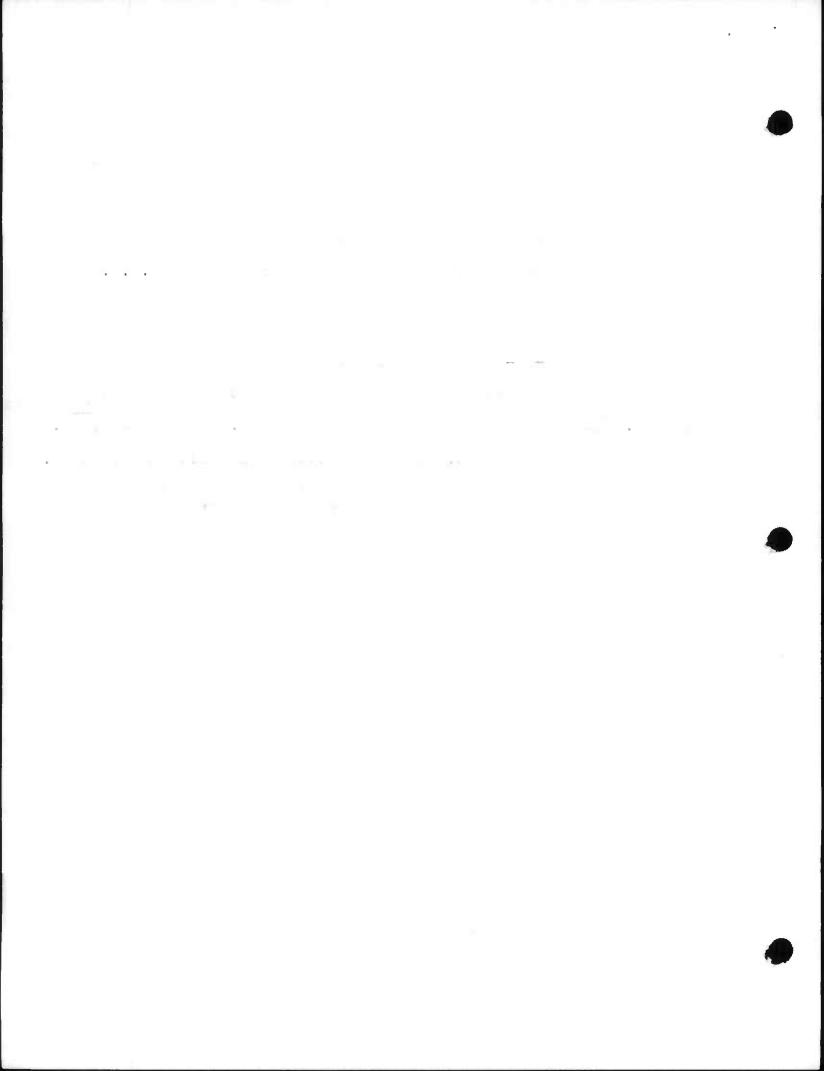
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	1 - FOR STATE REGISTRAR	E OF MARYLAND / D	EPARTMENT OF HEAL		AL HYGIEN	E	03866	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DAT	E OF DEATH		3. TIME OF DEATH	
	Thelma E	lizabeth Derr	V	Feb	ruary	6.199	3 11:30Am	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last bi	<u> </u>	NDER 24 HRS. 7. DATE	OF BIRTH	0.	BIRTHPLACE (State or Foreign	
	008 12 0281 1 M  Sa. FACILITY NAME (If not institution, give street and n	~ 00	YRS. MONTHS DAYS HOU	10-	12-1907	7	VT	
Œ	4040 Wilkinson Roa					9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT	u	Havre	de Grace			Harford	
l Ä	10e, STATE 10b, COUNTY		Bc. CITY, TOWN OR LOCATION				10d, INSIDE CITY	
	MD Harfo	ord	Havre o	de Grace			1 VES 2 NO	
FUNERAL	10e. STREET AND NUMBER		10f. ZIP	CODE		10g. CITIZEN	OF WHAT COUNTRY?	
<u> </u>	4040 Wilkinson Roa	d		21078			USA	
3	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARMEI		NT OF HISPANIC ORIG		or No- 14.	RACE — American Indian.	
	IF VI	CES? 1 YES 2 NO ES, GIVE WAR OR DATES	If yes, specify (	Cuban, Mexican, Puerto 'NO Specify:	Rican, etc.)		Black, White, etc.	
BY	3 Widowed 4 Divorced						White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. DECET	DENT'S USUAL OCCUPATION lind of work done during most of w	ending 16	6. KIND OF BUS	INESS/INDUS	RY	
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once.	17. FATHER'S NAME (First, Middle, Last)		10. 1	MOTHER'S NAME (First,	Middle, Maiden	Surname)		
E III	Ervin William Fros	st		Essey F	utnam			
D B	19a. INFORMANT'S NAME (Type/Print)	19b. M	AILING ADDRESS (Street and Nu	mber or Rural Route Nur	nber, City or Town	, State, Zip Co	de)	
TO BE	Mr. Barry H. Bramwe	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					e. MD 21078	
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je l	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
examiner must	Mitchell-Smith Funeral Home, P.A.  Mayre de Grace, MD 21078-3197							
madical	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,							
	shock, or heart failure. List goly one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death							
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r other traumatic	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUE	NCE OF):					
<b>E E</b>	cause. Enter UNDERLYING							
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DATE SI  Fet	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural Route Number,  Rural R	

32. REGISTRAT'S SOCIATURE Fundado Pandala



rSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE JUSTICIAN ATTENDING PHYSICIAN: The law requires that the de	TO THE PLACEMENT OF ECTOR; After this certificate has been signed by the a	be the write 2 hours after death with the State Dept. of Health and Men	IMPORTANT. If them 28 is marked, or item 23 shows any injury

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		ENT OF HEALTH AND	MENTAL HYGIEN		,	
	1. DECEDENT'S NAME (First, Middle, Last)	unbar			2. DATE OF DEATH	YEAR	3. TIME OF DEATH  730 PM	
	4. SOCIAL SECURITY NUMBER 8. S			NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIRT	HPLACE (State or Foreign	
	193-38-223 10		5 YRS. MONT	HS DAYS HOURS MIN.	(Month, Day, Year) 9 - 28 -	Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe P	nnsylvanie	
DIRECTOR	Keswick Ho	me	1	4 .	nd.	Balt	o. City	
ត្ត	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Maryland Ha:	rford		Joppa 101, ZIP CODE		10a CITIZEN OF	1 YES 2 NO	
FUNERAL	Towne Cen	ter Drive		210	85	U.S		
S	11 MARITAL STATUS 12	WAS DECEDENT EVER IN II	S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		E — American Indien,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	s XINO	If yes, specify Cuben, Mexic 1 TYES 2 NO Spec		Spe		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	DN 16	ia. DECEDENT'S USUA	AL OCCUPATION fone during most of working	16b. KIND OF BU	JSINESS/INDUSTRY		
COMPLETED		llege (1-4 or 5+)	House	ed.)		Home		
Š	17. FATHER'S NAME (First, Middle, Last)	•			AME (First, Middle, Melde	n Surname)		
BEC	Irwin	Peck		V	iolet	Rohr	ieh	
20	19e. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura			21132	
-	John C. Klink	-		rier Nurser			lle, Md.	
	20. METHOD OF DISPOSITION 1. Burisl 2 Cremation 3. Removel	from State 20b. Pl	her place)	N (Name of cemetery, crematory or		OCATION — City or 1		
	4 Donetion 5 Other (Specify)		Lebanc	n Cemetery 22. NAME AND ADDRESS OF F		ttsoure	n. Penna.	
	> M. Gladde	n Kark	11		Funeral ]		nd	
	23. PART i. Enter the diseases, or comp shock, or heart failure. List			nter the mode of dying, su	ch as cardiac or res	piratory srrest,	Approximats interval Batwean Onset and Death	
	iMMEDIATE CAUSE (Fine) disease or condition	Cardiae	DRR				3mins	
	resulting in deeth)	ARRO ONSEQUENCE OF):				77771 112		
NO	Sequentially list conditions, of any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initisted events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
CER	d							
AL			not resuiting in th	e underlying cause given i		N AUTOPSY 24 ORMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL		Demento	not resulting in th	e underlying cause given i		PRMED?		
			not resulting in th	e underlying cause given i	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Alzheimov o I		not resulting in th		PERF(	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Dementio	ОТ	26. PLACE OF DEATH ((	PERF( 1 YES	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DSPITAL:   Inpetient 2   ER/Outpath   26a, DATE OF INJURY	ent 3 DOA JE	26. PLACE OF DEATH (C	PERF( 1 YES	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximata Interval Between Onset and Death

1:20

YEAR

2. DATE OF DEATH DAY

30

1 - FOR STATE REGISTRAR

Ernest

1. DECEDENT'S NAME (First, Middle, Last)

Howard

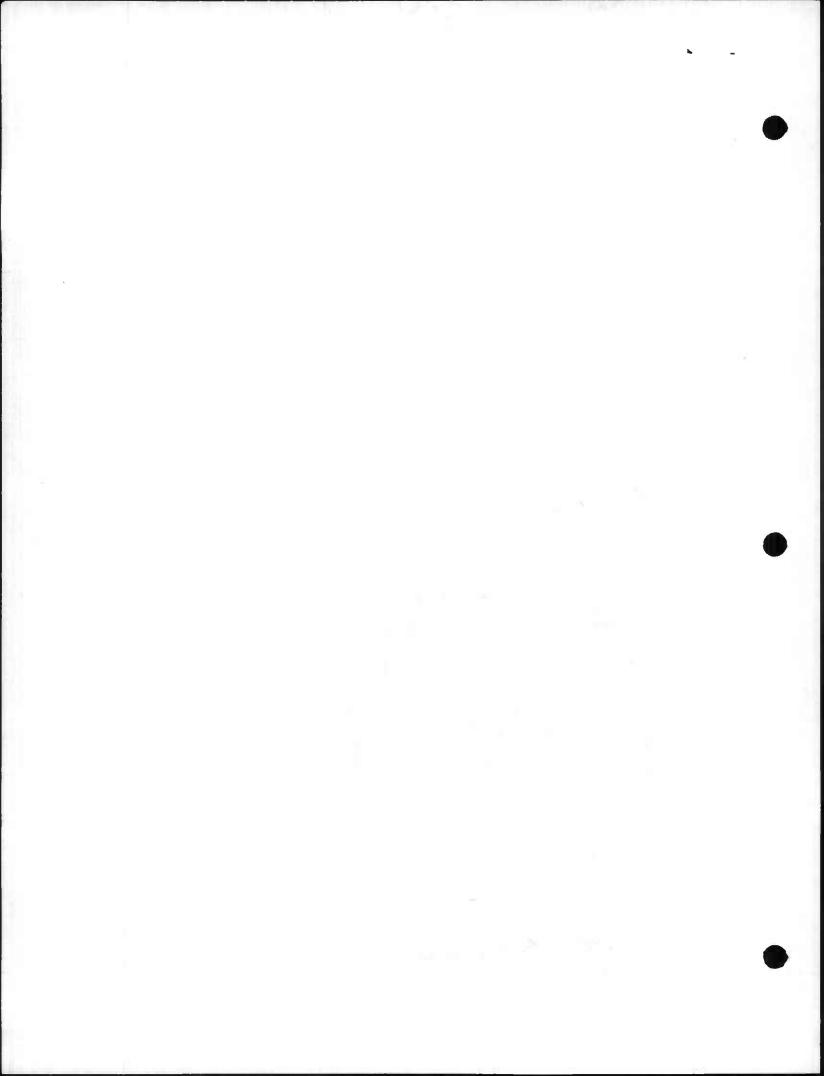
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8	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthd	ey) IF U	IDER 1 YEAR	IF UNDER :	24 HRS.	7. DATE OF BIRTH	ĺ	8. BIRTHPI	LACE (State or Foreign
- 8	235-50-5020		1 🗶 M 2 🗆 F		58 YR	MONT		HOURS		Nov. 7, 19	34	Rada	a, WV
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. 0	HY, TOWN	OR LOCATIO			-	NTY OF DEA	
	Memorial Ho	spital					Cumbe	rland			All	egany	1
	10a. STATE WV	Hamp	shire				gfiel						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	P. O. Bo	x 278						1. ZIP CODE 26763				S.A.	IAT COUNTRY?
COMPLETED BY FONERAL	11, MARITAL STATUS 1 Never Married 2 XX 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V Korean	YES	2 NO	nam	If yes, sp	CENDENT OF Secify Cuban 3 2 X NO	F HISPANI I, Mexican Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No—	Black,	- American Indian, White, etc. Thite
		EDENT'S EDU highest grade			Ille. Do NO	of work do T use retire	one during mo	ost of working	7	U.S. N		DUSTRY	
	17. FATHER'S NAME (First, M. Luther		Dove						IIIIA	Ruth Fi	sumame) ink		
	Dorothy T		9		P.	O. B	ox 27	8, S	or Aural Ac Sprin	oute Number, City or Too ngfield,	vn, State, Zip	26763	
	20a. METHOD OF DISPOSITI 1 X Burlel 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem (Specify)			PLACE AND DA tery, crematory LINGII	or other pla	Hill	Cemet		2/2/93 \$	Sprine	-	d, WV
	≥ W lan	bl	The					ffer	Fune	eral Home in St., Ro			26757
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	ona, diate NG ry	b. A DUE TO	OR AS A C	CONSEQUENCE	OF:	hn	e o	nd d	Pering	ali Sy	hs	Interval Betwo
	PART II. Other algorifica	Jan Jan	a contributing to	nu	long f	ven	IS PI	ACE OF DE	GAS ATH ICHO	be Penro	RMEDT	o o	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 100
	27. MANNER OF DEATH	Pending nyestigation	26s. DATE OF (Month, D	MUURY		TIME OF INJURY	28c. INJ WO	URY AT WIK?		26d. DESCRIBE HOW	MJURY OC	OURED	
	3 Suicide 6 🗆	Could not be Jetermined	26s. PLACE O building,	of INJURY - etc. (Specif)	At home, fan	m, street,	factory, offic			26f. LOCATION (Street City or Rwn, State	and Number	or Hurst Au	ste Number
COMPLETED										in the cause(s) and ma			and manner ee stater
	396- SIGNATURE AND TITLE	1//	MAL	levi	the	9	8/	29c. LICES D 14	NSE NUME 1393	BER	29d. DAT	E SIGNED (A	Month, Day Near)
10	Frederick M	lilten	berger, M	1.D.,	Johns	/	eight	s Bld	lg.,	Cumberlar	ıd, M1	21:	502
	31. DATE FILEO (Month, Day,	393	662: REGISTRA	AR'S SIGNAT	TURE								

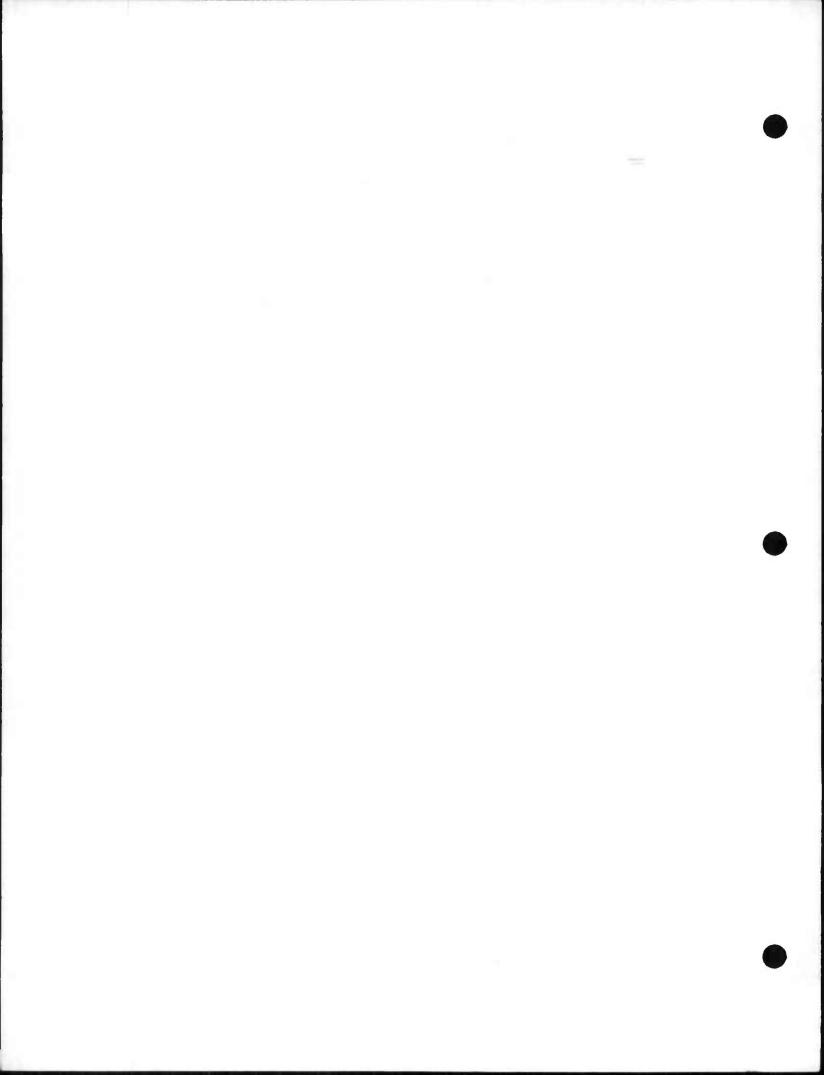
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Dove

DHMH-16 Rev 1/89



		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEI		
	39	1. DECEDENT'S NAME (First, Middle, Last) Nellie Amelia E	iker				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 3 2205 PM
þ		4. SOCIAL 24 NUMBER 212-20-6432	1 M 2 X F	(In yrs. lest birthday) 70 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 08-28-22		BIRTHPLACE (State or Foreign Country) Maryland
1, 2, 3 should	ECTOR	90. FACILITY NAME (If not institution, give : Frederick Memo		l		or Location of D	EATH		ederick
Pages	DIR		v lerick	777	y, town on Loca Frederic				10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. Iransit permit.	NERAL	46 Lincoln Apts				21701		USA	N OF WHAT COUNTRY?
21215-0020  If or attending physician.  Nor use as the burial-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Your, Puerto Rican, etc.) y:	es or No-	I. RACE — American Indian, Black, White, etc. Specily: White
21 al or for u	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION MORE done during more retired.)	ON Set of working LOGILAMME	166. KIND OF BI		ervices
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Theodore Reed				18. MOTHER'S NA	Le Smith	n Sumame)	
2 8	to be directly discounty							Ohio 4	4833
BALTIMORE er death. Page 6 may the funeral director, pa val.		20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF PUNERAL SERVICE LIF	Ha	netery crematory or o	wich cen	netery	1/20/93 L	adiesbi	vig, MD
ALT death. e funera il.		Danda o	L Lenn		Stauff P.O. E	ser Funer Box 1819,	ial HOmes, Frederic	k, MD 2	
within 24 hours within 24 hours pletely filed in teremation, or research, the mediant.		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	each line.					t, Approximate Interval Between Onset and Death
BOX 68760,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A	A CONSEDUENCE DI	F):	Lecte	0 47		
, P.O. suth certification of the Hygen Y, or other	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
RECORDS, request the the day of Trisite and Meria	MEDICAL	PART II. Other algorificant condition		out not resulting		g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ITAL it The cate the to State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
VISION OF VITAL ATTENDING PHYSICIAN: The ECTOR: After this certificate the s after death with the State th 128 is marked, or item 2.	BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	NED
DIVISION OR ATTENDING P DIRECTOR: After t hours after death item 28 is mar		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, s cify)	street, factory, offic	•	281, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
로 글 전 =	COMPLETE		ICIAN: To the best of my know IR: On the besis of examination						ause(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Zah m			29c. LICENSE NUI		29d. DATE S	IGNED (Morth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WH		a +	Print) 5 6	Fre	current	no	2170/
		31. DATE FILED (Month, Day, Year) 2 2		widson-Par	dell				DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE (	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT		3. TIME OF DEATH	
	Eva Geraldine ELDE	5			Jan. 11	1, 1993	YEAR	
		n yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BURG		8. BIRTHPLACE (State or Foreign	
	235-38-7093 1□ № 2₹2₹ 67	YRS.	MONTHS DA		June 3	1025		
	200 00 1000	ina.						Τd
~	9a. FACILITY NAME (If not institution, give street and number)			VN OR LOCATION OF E	EATH	9c. COUNT	TY OF DEATH	П
DIRECTOR	Frederick Memorial Hospit	ca1	Fre	derick		Fred	derick	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY							
풀			Y, TOWN OR LO				10d. INSIDE CITY	
	Maryland Frederick	E	reder	ick			1 YES 2 NO	
4	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
E	8105 Canterbury Drive			21701		Ame	erican	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specif		14. RACE — American Indian,	$\dashv$
	1 Never Married 2 Never Married FORCES? 1 VES		If yes	, specify Cuban, Maxic	en, Puerlo Ricen, atc	4)	Black, White, etc.	
B	3 Wildowed 4 Divorced	169	טי ן	YES 2 NO Speci	ly:		Specify: White	
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	LISUAL OCCUR	ATION	165 KIND OF	BUSINESS/INDU	A Town	$\dashv$
E	(Specify only highest grade completed)		work done during	most of working	IGO. KIND OF	BUSINESS/INDU	PINT	
اچ	Elementary/Secondary (0-12) College (1-4 or 5+)		maker					
\$	12 1	Home	MONCI					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Ma	iden Surname)		
BE	Dennie W. Gainer			Farri	le Adeli	ine Fit	tzpatrick	
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number, City of	Town, State, Zip C	Code)	$\neg$
F	Chester G. Elder	8105	Cant	erbury I	or., Fre	ederick	c, Md. 21701	1
	20s. METHOD OF DISPOSITION 20b.	PLACE AND DATE				LOCATION - CI		
	1 Deuriel 2 Cremation 3 Removal from State	tery, cremetory or o	ther place)	metery			ry, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	THE OIC		E AND ADDRESS OF F		IC. AII	-y, Maryrand	4
18	e 71/11.		Öli	n L. Mol	esworth	P.A.	., Funeral H	Ηm
-	Votert I William	a de		ascus, N			0872-0117	
	23. PART I. Enter the disesses, or complications that caused	the deeth. Do	not enter the	mode of dving sur	th as cardiac or n	seniratory error	et, Approximate	$\dashv$
	SDOCK, OF heart fellure. List only one cause on as	ch line					Interval Between	n.
	iMMEDIATE CAUSE (Fine) disease or condition	+ -	15	\	C		Onset and Deat	m
	resulting in desth)	1650	C 11	113-1	0515		Zelan	1
1	DUE TO (OR AS A	CONSEQUENCE O	F): 1 a	4.2		-	. 0	7
Z	Co Olyd	1011	Zer A	theros	17014		1 xear	
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate	CONSEQUÊNCE O	F):		1	)		2
3	CAUSE (Disease or injury							- 1
E	that initiated events DUE TO (OR AS A	CONSEQUENCE O	F):					$\exists$
E	resulting in desth) LAST							- 1
2								$\exists$
A	PART II. Other significent conditions contributing to death but	t not resulting	in the underl	ying ceuse given in	Part i. 24s. WAS	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS	s
S	Nypertension				1 3		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL					' ' '	s sxxio	OF DEATH?	-1
2					—		1 WES 2 NO	- 1
A I	or 1990 0.00 0.00 0.00 0.00 0.00 0.00 0.00							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	. PLACE OF DEATH (CI	neck only one)			$\Box$
YS.	1 YES NO 1 Inpetient 2 ER/Outpe	tient 3 🗆 DOA		lome 5 🗆 Realdence	8 Other (Specify)			- 1
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OCCU	RED	ヿ
BY	1/CINIAturel 5 Pending			YES 2 NO				н
	3 Suicide 28e. PLACE OF INJURY	- At home, farm,	street, factory, o	rifica	28f LOCATION (St	med and Number or	r Rural Route Number,	$\dashv$
COMPLETED	4 Homicide S Could not be determined building, stc. (Specific	y)			City or Town, S	itate)	Tital Product Political	- 1
m I	29a. CERTIFIER							
릴	(Check only CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurr	ed at the time,	lets and place, and due	to the cause(s) and	menner as stated	t.	
8	one) 2 MEDICAL EXAMINER: On the basis of examination	end/or investigation	n, in my opinio	n, death occured at the	time, date and place	, and due to the	cause(s) and manner as stated,	- 1
	29b. SIGNATURE AND TITLE OF CERTIFIER	-		29c. LICENSE NU				$\dashv$
BE	I ARMAN PIX	1	100	1			SIGNED (Month, Day, Year)	$\downarrow$
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	THE STREET	-	D16	428	Ja	nuary 13,19	14
	U					D 3	1	
	Robert L. Kaufmann, M.D		uu Wes	st 9th S	treet,	rreder	ick, Md.	
	JANI 8 1993 32. REGISTRAR'S SIGNA							
	JANI 8 1993 Julia Tairido	n-Randell	2					

the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State De-

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Mary Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commer

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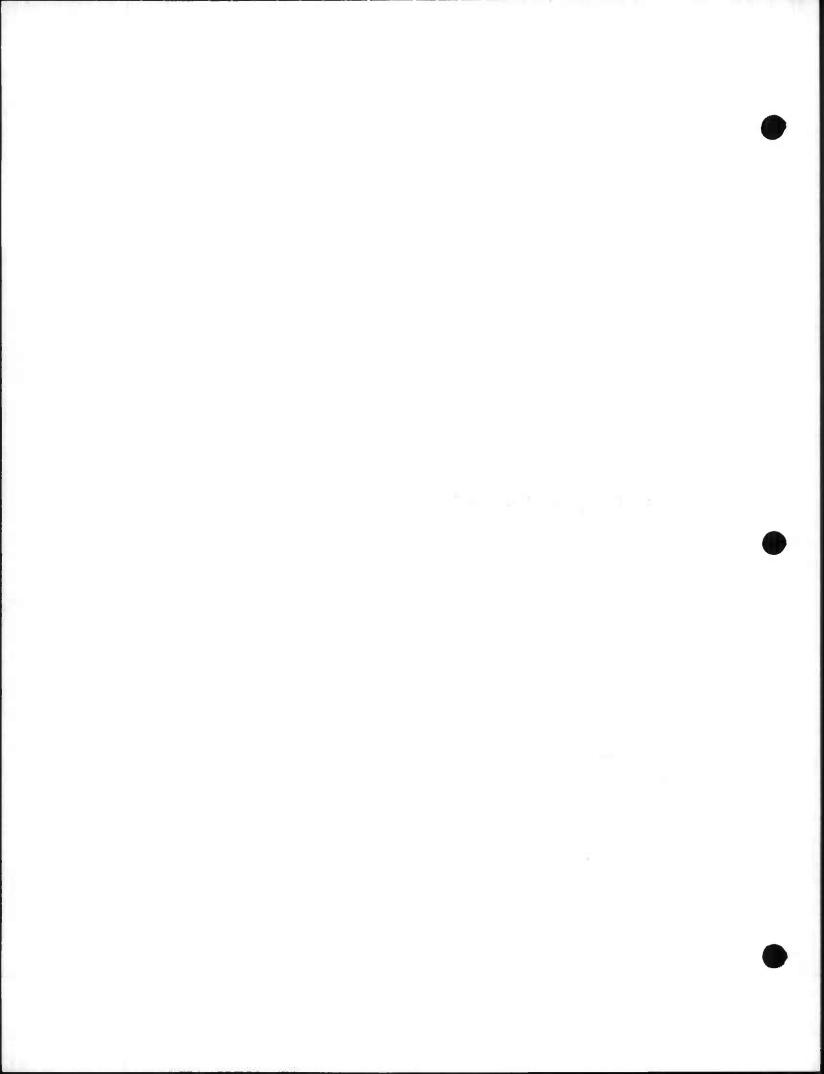
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OF VITAL
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 January 9. Gabriel **EGAN** Marv 11:25 a. 7. DATE OF BIRTH OCT. 12, 1898 A SOCIAL SECURITY MINNER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 94 HOURS 219-54-2286 1 M 2 TE Iowa permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 200 East Second Street 21701 U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 27 HO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for ndery (0-12) Coflege (1-4 or 5+) Religious Sister 12 Visitation Convent once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William 75 **EGAN** Kate **BROWN** BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 200 E. Second Street, Frederick, Maryland 21701 Visitation Convent pe 20a. METHOD OF DISPOSITION
1 № Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Visitation Convent Cemetery 1/12/93 Frederick, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 E. Church Street, Frederick, MD 21701 1/0 hnon Roberson MO0706 were higher physician and completely filled in by the were Higher prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PULLMONIA (PROB) executed within event, DUE TO (OR AS A CONSEQUENCE OF): traumatic INTERTROCHENTORIC FRACTURE @ HIP CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury- Dr death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ě MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS A Post AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? COPD FUNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dept. of Health 1 TES 2 NO shows HTW POSS. ASCUD 1 YES 2 NO PHYSICIAN: ANEMIA 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Sinpatient 2 | ER/Outpatient 3 | DOA OTHER: DR ATTENDING PHYSICIAN: me 5 Residence 8 Other (Specify) 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT 28 is marked, Cellin Ielline -8 PM 5 Pending Investigation 1 YES 2 NO 1/3/43 BY Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED 4 Homicide HOME (USITATION ARADIONE) TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours at IMPORTANT: If Item 2: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINES ON The Anim 296. SIGNATURE AND TITLE OF GERTIERS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE D32171 1 9 9 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R. GOUGH FRODERICK ST. 20 WALKERSVILLE 21797 31. DATE FILED JAPAN DIV. YOM! 1995

32. REGISTRAR'S SIGNATURE Julia Davidson-Randola

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL OR ATTENDING PHYSICIAN TO BE A TOWN THE COMMITTED AND COMPINED AS HOURS after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centration are completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the SC Legis Fundal Hydiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			GIENE G. NO.	
Į.	DECEDENT'S NAME (First, Middle, Last)	Norma Lee				2. DATE OF DE MONTH Jan.		3. TIME OF DEATH
0.00	4. SOCIAL SECURITY NUMBER 216-26-7420	1 🗌 M 2 🔀 F	(In yrs. lest birthday) 55 Yes.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 01/2	4/38	a. BIRTHPLACE (State or Foreign Country) WashingtonDC
TOR	96. FACILITY NAME (If not institution, give standence - 309  RESIDENCE OF DECEDENT	Liberty Ro	oad	Feder	alsburg	EATH .	100	oline
DIRECTOR	Maryland 10b. COUNTY	Caroline	10c. CIT	Y, TOWN OR LOCA		calsbu	rg	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 309 I	iberty Roa	ad	10	2 1 6	532	10g. CITU	U.S.A.
B≺	11. MARITAL STATUS 1 Never Married 2 TMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, at	ENDENT OF HISPAN ecity Cuben, Mexica 2 [XNO Specify	n, Puerto Rican, e	cify Yes or No— etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5+)	(Give kind of a	usual occupation of done during more retired.) ant For	ist of working		of BUSINESS/IND	
BE COM		Garland Wr	oten		18. MOTHER'S NA Made:	ME (First, Middle, . line W	Melden Surname) illiam:	S
5	Roy Lee Everag	ge, Sr.	19b. MAILING 309	ADDRESS (Street	nd Number or Rurel F	Poute Number, City Federa	or Town, State, Zip 1sburg	, MD 21632
	20e. METHOD OF DISPOSITION  1 XBurtal 2 Cremation 3 Remote  4 Donation 5 Other (Specify)	cen	netery, cremetory or o	est Cei	netery	27		city or Town, State 1sburg, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Eskew		Fram	otom-Ha	wkins-	Eskow 1sburg	Funeral Home , MD 21632
	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on e	d the death. Do pech line.  A CONSEQUENCE OF	CAT	CLN 0		r respiratory arr	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	<b>.</b>	A CONSEQUENCE OF					
MEDICAL C	PART II. Other algorificent conditions	a contributing to death b	out not resulting	in the underlyin	g cause given in	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMRICABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Che	ack only one)		
PHYSICIAN:	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Out	28b. TIM	E OF 28c. IN.	URY AT PRESIDENCE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE PRICE		HOW INJURY OCC	CUREO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, i		-10	261. LOCATION City or Town		or Rural Route Number,
COMPLETED		CIAN: To the best of my know R: On the besis of examination						ed. e cause(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Jama		D	29c. LICENSE NUN	058	29d. DATE	E SIGNED (Month, Day, Year)
-	Dr. Henry Dirom	masco, M.I	Daff:		, Dento	on, MD	21629	
	FEB 1 93	32. BEGISTRAR'S SIGN	- fandell					

3. TIME OF DEATH

10d. INSIDE CITY

WHITE

21146

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

2/3/93

Approximate interval Between

Onset and Death

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

BALT

US

2:37am

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Joseph

BOX 68760,
9
ğ
RECOR
OF VITAL
OF V
DIVISION
DIV

February 3, 1993 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH IF UNDER 24 HRS. 218-18-4646 1 M 2 D F 68 -26-2 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should on, or removal. Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION MD MORF FUNERAL 10e, STREET AND NUME 10f. ZIP CODE 212 nours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, 1 PES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced - MERCHANT MARINE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) MERCITANT MARINES MARITIME notified at once. 17. FATHER'S NAME (First, Middle, Last) CHRISTOPHER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 KIRWAN S CITOC ARBARA pe 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State 2-4 CROWNSVILLE, VETERANS COM examiner 22. NAME AND ADDRESS OF FACILITY 495 RITCH'E Huy 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BARRANGO F. H medicai 23. PART/1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final physician and completely fille the disease or condition Cardiogenic shock event, 1 resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): Extensive Myocardial Infarction other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING The death that ficate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST No. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 1 NO in this certificate has been someth with the State Dept. or Head arked, or item 23 shows an W. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 100 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Nopetient 2 ER/Outpatient 3 DOA OTHER: OR ATTENDING PHYSICIAN: 5 ☐ Residence 6 ☐ Other (Specify) 4 🗆 Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 PR Natural L DIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NO ВY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Tayen, State) COMPLETED 8 Could not be determined 4 Homicide 29s. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Tabling Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the current of the cause(s) and manner as stated. FUNERAL I within 72 h occured at the time, date and place, and due to the cause(e) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 품 THE BE BE n/a RESIDENT mougheste m.0. 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bassel Moughrabi, M.D. c/o Maryland General Hoppital

32. REGISTRAR'S SIGNATURE
Fisha Davidson- Wander

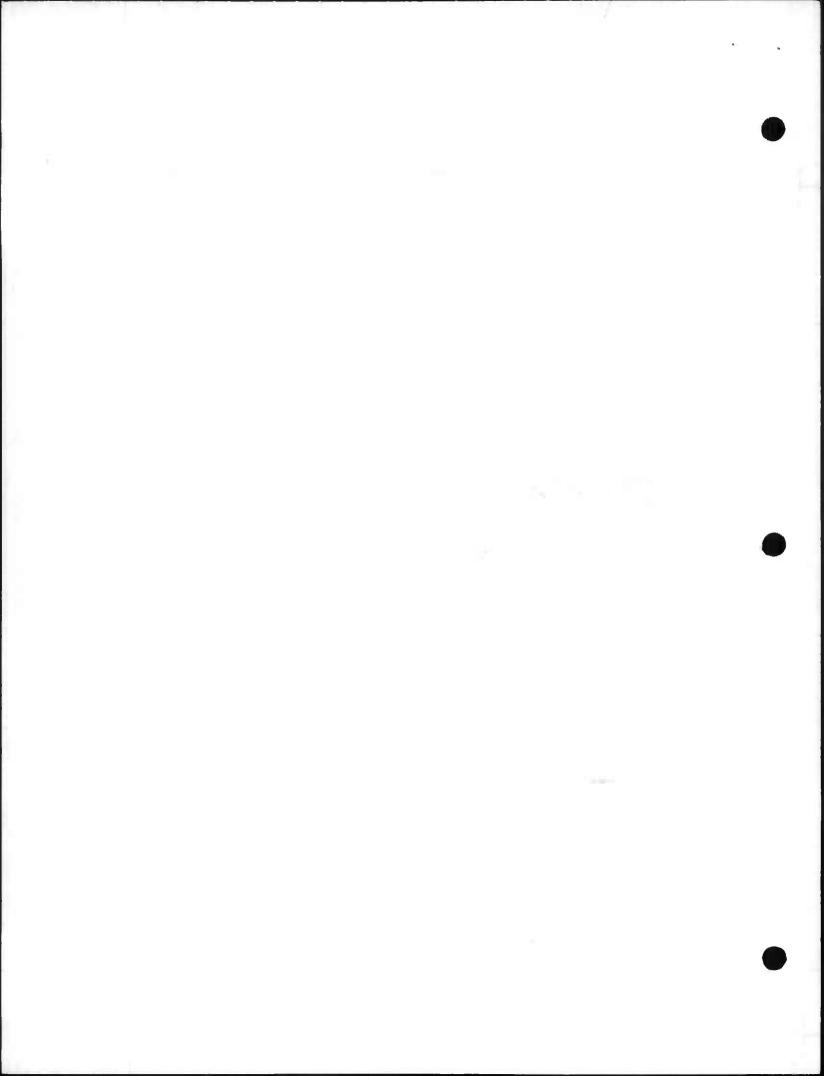
FEB 0 4 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Erdman

BALTIMORE, MARYDAND 21215-0020	hours after death. Page 5 may be manned by the mountain or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page is should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified and

	0434-037 ITEMS		-,,	Z/ PE	K MEU	6-696 2.	124/9	3 6.6	9	3 1	3874
	Items 6,7, G FOR 1. STATE	- 6 9 7 3 /	1 / 9 3, RVI AND / 1	per f	F. H.	n EAITH AND	MENTAL	HYCIEN		0 0	0014
	1 - STATE REGISTRAR	OINTE OF MIA	CE	RTIFIC	ATE OF	DEATH	MEHIA	REG. NO.	_		
- î	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			E OF DEATH
	Mary		Ε.	Eni	nels		0.1	25		EAR 4	45 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. lest i		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE	(State or Foreign
. ?	384-64-4460		31 35	YRS.	THE DAYS	HOURS MIN.	Anri	Day, Year)	961 M	country) Lichia	an
_	9a. FACILITY NAME (If not institution, give s	itreet and number)		90.	CITY, TOWN C	R LOCATION OF D			9c. COUNTY		111
P	St. Marys Hos	pital			Leon	ardtown	n		St.	Mary	/S
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			10c CITY TO	OWN OR LOCAT	SELS OF AN			107277		NSIDE CITY
DIRECTOR	Maryland St.	Mary's			rdtown					L	IMITS?
1	10e. STREET AND NUMBER	rary 5		Leona		ZIP CODE			10g. CITIZEN	OF WHAT C	YES 2 NO
FUNERAL	Star Route Box 42	Δ 1Δ				20650					
3	11. MARITAL STATUS	12. WAS DECEDENT E				ZUODU  ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes		RACE - Am	
	1 Never Merried 2 Merried	FORCES? 1 FYES, GIVE WAR		)		city Cuban, Mexico 2 NO Specif		tican, etc.)		Black, White Specify:	erican Indian, , atc.
) BY	3 Widowed 4 Divorced	1				X			_   [	Black	
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/ve	kind of work	AL OCCUPATIO		16b.	KIND OF BUS	INESS/INDUS	TRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo. E	Do NOT use reti	sired.)						
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Priv	ate D	uty Nu			Medi			
	12-12-12-12-12					18. MOTHER'S NA			Surname)		
8	Alton Tewis  19a. INFORMANT'S NAME (Type/Print)			****		Betty				_	
일	Section 1981 Section 1981	7 -				nd Number or Rural					3 20650
	Douglas Adrian Ent				ITE BOX	42A 1A	, Lec		$ \frac{1}{1} $ CATION — City		
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crem	atory or other p	olace)		1				
	21. SIGNATURE DE AGNERAL SERVICE DE	ENSER	TCIarie	S MSIII		Gardens D ADDRESS OF FA		1 Leo	narato	WII, IV	aryland
	Jewach.	and				sfield F					
	23. PART I. Enter the diseases, or	insfield I	$\sim$ MO000	52	<u>59 N</u>	Washin	gton	Stree	t, Leo	nardto	
	shock, or heart failure.	List only one cause	on each line.	in. Do not e	oner the mo	se or dying, sec	on all card	nac or reap	ratory arreat	1.1	Approximate nterval Between
	IMMEDIATE CAUSE (Finel disease or condition	CONGEST	TVE HEA	DT EAT	71 110 5					1	Onset and Death
	resulting in death)		R AS A CONSEQU		LUKE						
z		b. GRANULO	ZIIOTAM	DIII MON	UADV D	ICENCE				ĺ	
일	Sequentially list conditions,										
	if any, leading to immediate	DUE TO (DI	R AS A CONSEDU	JENCE OF):							
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TIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C	R AS A CONSEDU	10.00							
SERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C		10.00							
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FOR STATE REGISTRA
1. DECEDENT'S

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF D	EATH	REG. NO		
- 6	1. DECEDENT'S NAME (First, Middle, Last			ELLIS		2. DATE OF DEATH DO NONTH DA O 4		3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH	-	BIRTHPLACE (State or For
	215-20-4986	1 □ M 2 😾 F	79 YRS.	MONTHS DAYS HO	OURS MIN.	(Month, Day, Year) 7-10-13	1 '	Country)
	9a, FACILITY NAME (If not institution, give	street and number)	- / /	9b. CITY, TOWN OR L	OCATION OF DE		9c. COUNTY	ARYLAND OF DEATH
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	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN		1 100 CTT	, TOWN OR LOCATION			I IAAKU	
								10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CHESTER	ICA	MBRIDGE 101, 211	CODE		10e. CITIZEN	1 F YES 2 OF WHAT COUNTRY?
	807 ROBBIN ST.							
LONGIAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENE	1601 DENT OF NISPAN	IIC ORIGIN? (Specify Yes	IIS/	RACE - American India
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify		n, Puerto Rican, etc.)		Black, White, etc.  Specify: D.T. A.C.Y.
_	3 Widowed 4 Divorced	<u> </u>			Λ			BLACK
	15. DECEDENT'S ED (Specify only highest grad	te completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during most of	working	16b. KIND OF BU	SINESS/INDUST	TRY
COMP ELIED	Elementary/Secondary (0-12)  Oth	College (1-4 or 5+)		900		HOSPITA	۸T	
	17. FATHER'S NAME (First, Middle, Last)		MEDIC	AL SUPPLY		ME (First, Middle, Maiden		
ıl	JAMES H. WIL	SON		"				
0 1	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street and N		MOLOCK Route Number, City or Tow	n, State, Zio Coo	de)
2	BERTHA NORTHAM					DGE, MD.		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Re	200	b. PLACE AND DATE O	F DISPOSITION (Name of	of			or Town, State
	4 Donation 5 Other (Specify)	T	BETHEL A.	M. E. CE	M. 2	2-9-93 CAMI		
1	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AND A	DDRESS OF FA	BENNIE	SMITH	FUNR. SERV
- 1	1					, EASTON,		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF	etiph fee	tion			3day
	PART II. Other significent condition	na contributing to death i	but not requiting is	the underlying or	ues ches la	Deat las una su		[
: MEDICAL	dialeter, une		out not resoluting in	the underlying co	ruse given in	Part I, 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO OF OEATN? 1 YES 2 N
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ick only one)		
2	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Out	patient 3 DOA	OTHER: 4 Nursing Home 5	Residence	6 Other (Specify)		
	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY		28d. OESCRIBE HOW I	NJURY OCCUR	ED
	1 Netural 5 Pending 2 Accident Investigation			M 1 TYES	2 NO			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, term, s cify)	reet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
;	20- CERTIFIER							
COMPL		SICIAN: To the best of my know						
		ER: On the besie of examination	on end/or Investigation	n, in my opinion, death	occured at the	time, date and place, an	d due to the ca	euse(a) and manner as st
2	296. SIGNAPONE AND TITLE OF CERTIFI	0	10	29	c. LICENSE NUN	BER CO	29d. DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CALLES OF THE	ATN STEM OF C	Drive)	V-2	1177	1	4/93
	Clinung Machang	Mac Canglet	10 Auro	Street	Cambr	ice, MD	21613	md 210
	FEB 9 1993	32. REGISTRAT'S SIGN	ATURE					
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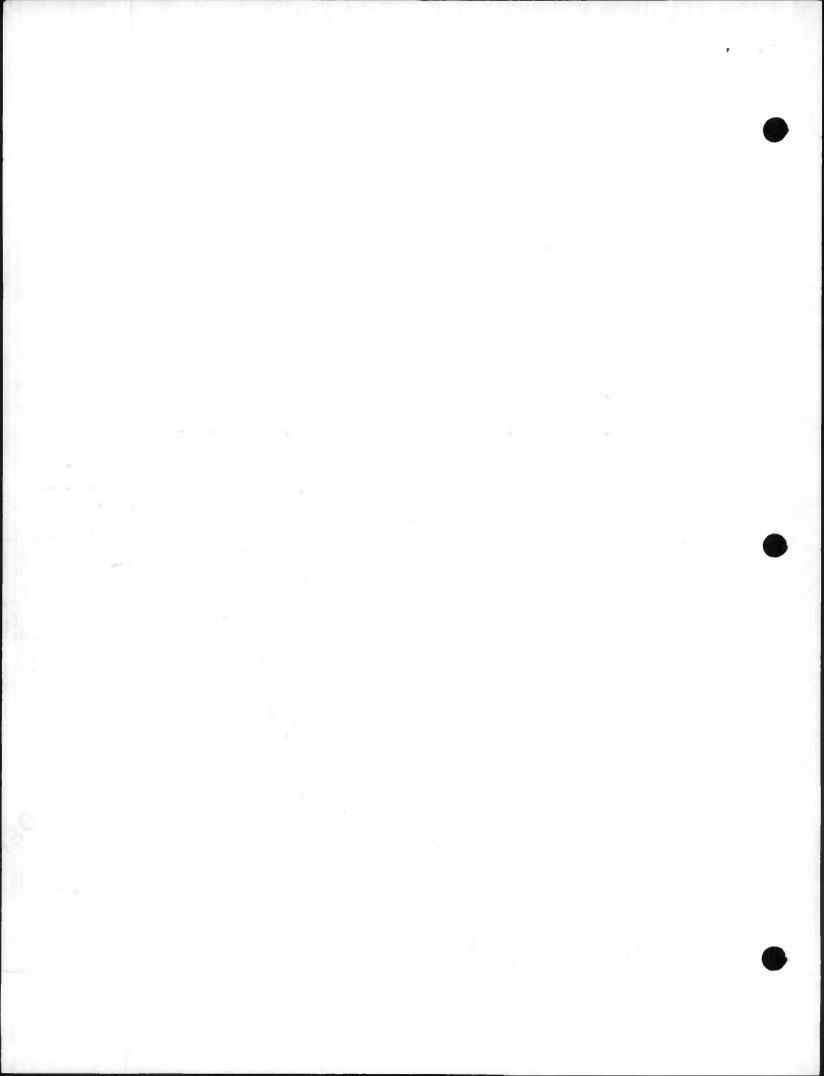
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH MONTH Delores Jean Easton 3. TIME OF DEATH CORES 4STO1 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 59 1 - M 2 D 220-28-9530 Maryland detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH 9h CATY, TOWN OR LOCATION OF DEATH DIRECTOR CENERA ALLSTON RESIDENCE OF DECEDE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Bel Air 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21014 510 Red Pump Road USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 TYES 2 TO NO Specify BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Home 9 Housewife notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Nellie Catherine Kidwell John Royce В. z BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 510 Red Pump Road, Bel Air, Md. 21014 Raymond R. Easton, Jr. MARTH 20e. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State within 24 hours after death. Page 6 may DATE Highview Memorial Gardens 2-12+93 Fallston, Md. 21041 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A., examine the funeral 1317 Cokesbury Road, Abingdon, Md. 21009 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, this certificate has been signed by the attending physician and completely filled in by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final traumatic event, the disease or condition resulting in death) executed CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING e death certificate CAUSE (Disease or injury other that initiated events resulting in daath) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the undariying cause 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY requires that the TIT YES SELME OF DEATH? 1 YES 2 THO PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item HOSPITAL: 1 TYES 2 NO 5 🖺 Rasidenca 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 0 27. MANNER OF DEATH 26s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netwal
2 Accident 5 Pending DIRECTOR: After the hours after death w BY 28s. PLACE OF INJURY 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide Hem HOSPITAL OR 29a, CERTIFIER CENTIFYING PHYSICIAN: To the best of my ne, data and place, and due to the cause(s) and manner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 DICAL EXAMINER: On the basis of occured at the time, date and place, and due to the cause(s) and manner as stated. BE 9 2 9 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Type, Print) 32. REGISTRAR'S SIGNATURE Pandalle **FEB** 

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement in the deep certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	ched	be filed within 72 hours after death with the State Dept. of huming the first series of the prior to burial, cremation, or removal.	3
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	1 - STATE REGISTRAR	SIAIE UF MA	RYLAND / DEPAR Certif	CATE OF D		NTAL HYGIEN REG. NO		
1	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	-	3. TIME OF DEATH
- 3	MARGUERITE	E		FREY	J	anuary 2	7, 19	5:40 p. M
OR.	4. SOCIAL SECURITY NUMBER 068-03-0025	1 🗆 M 2 💢 F	AGE (In yrs. lest birthdey) 91 YRS.		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) JLY 13 1	901	BIRTHPLACE (State or Foreign Country) FRANCE
	Memorial Hospital & Medical Center				Cumberland		Sc. COUNTY OF DEATH Allegany	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY
BY FUNERAL DIRECTOR				FLINTSTONE		·····	1	1 TES 2 NO
	STAR ROUTE			2:	21555		U.S.A.	
	1 Never Married 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1   YES 2   NO Specify:		se or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during most of se retired.)	working	16b. KIND OF BU		
	17. FATNER'S NAME (First, Middle, Leat) GILLES LE-TIRANT			18.		HOUSE KEEPER  AME (First, Middle, Maiden Surname)  ARIE LE-CORRE		
TO BE	198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ROBERT MARQUER  10611 EDENBURGH DRIVE SPOTSYLVANIA, VIRGINIA 22553							
	200 METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPO			OF DISPOSITION (Name of	ON (Name of OATE 20c. LOCATION -			ly or Town, State
	A Burial 2   Cremation 3   Removal from State   Camelery Crematory of other place							ND, MARILAND
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,  Approximately an approximately and approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately appro							D, MARYLAND
	43. FART I. EINER THE DISEASES, OF CO							
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause	ardio	lechowit	of dying, such as	cardiac or reap	iratory smea	it, Approximate Interval Between Onset and Death
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR	ardio	lespont and Arte	of dying, such as	cardiac or reap	iratory smea	Interval Between
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PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  DUE TO (OR  DUE TO (OR  CONTributing to de:  A) H  Sinpatient: 2 = ER  28e. DATE OF INJ (Month, Day, 1)	AS A CONSEQUENCE O  AS A CONSEQUENCE O  AS A CONSEQUENCE O  Bith but not resulting  Vourbatlent 3 □ DOA  URY  28b. Tilt in.	28. PLACE OTHER: 4   Nursing Home 5 IURY   M   VES	DIE OF DEATH (Check of G Residence 8 G AT 286	E I. 24a. WAS AN PERFO	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. 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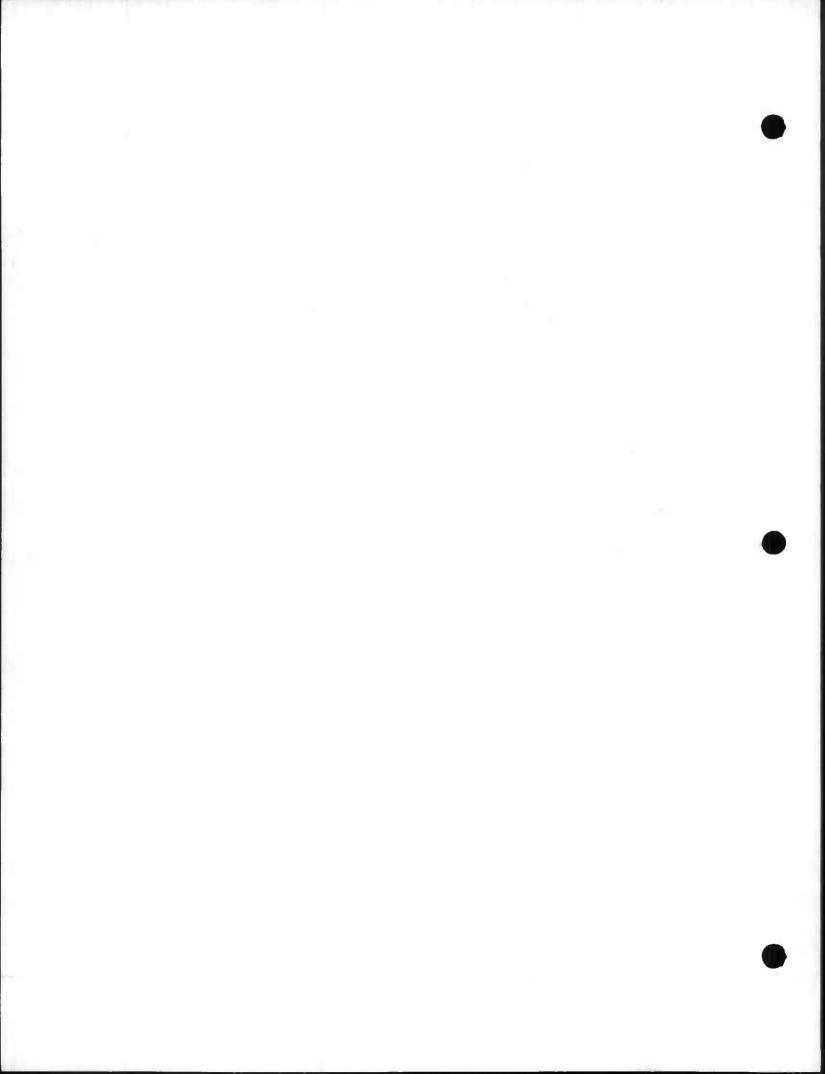
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Freytag DAY 2-9 Robert Edward 0230 M 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F 460-64-1261 21 Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1105 Wilson Place 21702 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No
H was anacify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 NO Specify: BY Specify 3 Widowed 4 Divorced w.w. IL white COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi ntary/Secondary (0-12) College (1-4 or 5+) 12 Biologist U.S. Government Once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Otelia H Marker Ludwia Freutaa notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zio Gode) 2 John Freytag Wilson Place Frederick. Md. 21702 9 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must etery, cremetory or piner place)
Smrithsburg Crematory 11-12 Smithsburg, Md. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home mono 1621 Opossumtown Pike/Frederick, MD. 21702 ling physicial and completely filed in by the ersin 23. PART I. Enlay the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shuck, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final PROGRESSIVE METASTATIC COLON CANCER disease or condition 14 MONTHS event, resulting in death) QUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 짱 Inluny. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS has been signed by Oept. of Health and ASPIRATION AVAILABLE PRIOR TO PNEUMONIA COMPLETION OF CAUSE 1 YES 2 NO Shows 1 TES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28 is marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO DIRECTOR: After the hours after death 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide Item 29a. CERTIFIER

(Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 he
IMPORTANT: If In 2 MEDICAL EXAMINER: On the basis of examin and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D31761 193 12 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRIAN M. O'CONNOR MD FREDERICK SBI W. SEVENTH ST 1998 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) Julia Savidson-Randale



SINISION OF VITAL PECONDS, T.O. BOX 66160,	DALLIMONE, MANTLANL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page   maintained by the hosp	leath. Page may remined by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions are a second be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	funeral direct page 5 styles be detache
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN ATE OF DEATH	ID MENTAL	HYGIENE BEG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Norma Irene	Fox			2. DATE	OF DEATH	3. TIME OF DEATH
			(in yrs. last birthday) IF	UNDER 1 YEAR  IF UNDER 24 H	RS. 7. DATE O	OF BIRTH 16	BIRTHPLACE (State or Foreign
		□ M 2 😾 F 72	YRS. MO	NTHE DAYS HOURS M	Jan	2, 1921	Maryland
E .	9a. FACILITY NAME (If not Institution, give street  P.O. BOX 85	t and number)	98	Marydel	OF DEATH		of DEATH Oline
یظ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		100 CITY T	OWN OR LOCATION			10d. INSIDE CITY
DIRECTOR		coline		cydel			LIMITS?
	10e. STREET AND NUMBER	OTTI	1141	10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	₱.O. Box 85			21649	)		USA
	11. MARITAL STATUS  1 Never Married 2 Married	13. WAS DECENDENT OF H If yes, specify Cuban, M 1  YES 2  NO	axican, Puerto R	? (Specify Yes or No — 14 Rican, etc.)	I. RACE — American Indian, Black, White, etc. Specify:		
D BY	3 🔀 Widowed 4 🗌 Divorced						White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)		done during most of working tired.)		KIND OF BUSINESS/INDUS	
MPI	12		Clerica				artment store
	17. FATHER'S NAME (First, Middle, Last)					Alddle, Meiden Surname)	11. 11.01.01
BE	Franklin Thomas  190. INFORMANT'S NAME (Typo/Print)		19b. MAILING AD	DRESS (Street and Number or I		Smith Thom	
2	Frederick Fox			le Drive N			
	20c. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remova	at from State 201	PLACE AND DATE OF	DISPOSITION (Name other place) Cemete	DATI	F 20c. LOCATION CH	v or Town State
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF SUNERAL SERVICE LICEN	ISEE	naron Hi	22. NAME AND ADDRESS	ry   1 - 2	Dover,	Delaware
	Ment Th	teral		P.O. Box			
	23. PART i. Enter the diseases, or con	nplications that coused	d the deeth. Do not				it, Approximete
	ahock, or heart fellure. Lis IMMEDIATE CAUSE (Final	AAA	ech line.				interval Between Onset and Death
	disease or condition resulting in death) a	MYOCAT	RDIAL -	INTARC	1701	V	ACUTE
_		ARTERIO	CONSEQUENCE OF):	TIC CARDI	NARC	WIND DICE	ACUTE CHRONIC
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	14 414)1	777730	416 0130	OS_CI) NEWLC
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury						12
표	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
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品	HYDERCholes	Terole	out not resulting in	the underlying cause give	en in Part I.		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDI	HYPERCHOLES PNEUMONE	Terole,	out not resulting in	the underlying ceuse give	en in Part I.	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	HYPERCHOLES PNEUMONO 25. WAS CASE REFERRED TO MEDICAL	Terole,	out not resulting in	the underlying ceuse give		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	m IA	26. PLACE OF DEAT		PERFORMED?  1 VES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 NAMINER OF DEATH	Terole,	m IA	26. PLACE OF DEAT THER: ☐ Nursing Home 5 Resid	H (Check only on	PERFORMED?  1 VES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Natural 5 Pending Investigation	HOSPITAL:   Inpetient 2   ER/Outs   26a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 4	26. PLACE OF DEAT THER: Nursing Home 5 Resid F 26c. INJURY AT WORK? M 1 YES 2 N	H (Check only on once 6  Other 28d, DES	PERFORMED?  1 YES 2 NO  7 (Specify)  CRIBE HOW INJURY OCCU	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Natural 5 Pending	HOSPITAL:   Inpetient 2   ER/Outs	patient 3 DOA 4  28b. TIME C INJUR	26. PLACE OF DEAT THER: Nursing Home 5 Resid F 26c. INJURY AT WORK? M 1 YES 2 N	H (Check only on once 6 Other 28d. DES	PERFORMED?  1 VES 2 NO  1 (Specify)	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only)	HOSPITAL:   Inpatient 2   EP/Outg   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY building, etc. (Special Control of the Dest of my known)	petient 3 DOA 4  28b. TIME C 1NJUR  — At home, farm, stre	26. PLACE OF DEAT THER: Nursing Home 5 Resid  F 28c. INJURY AT WORK? M 1 YES 2 N et, factory, offica	H (Check only on ence 6 Other 28d. DES O	PERFORMED?  1 VES 2 NO  TO (Specify)  ATION (Street and Number of or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAL EXAMINER:	HOSPITAL:   Inpatient 2   EP/Outg   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY building, etc. (Special Control of the Dest of my known)	petient 3 DOA 4  28b. TIME C 1NJUR  — At home, farm, stre	26. PLACE OF DEAT THER: Nursing Home 5 Resid  F 28c. INJURY AT WORK? M 1 YES 2 N  et, factory, office  at the time, data and piece, and my opinion, death occured	H (Check only on once 6 Other 28d. DES O 28f. LOC City of due to the cau at the time, data	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only)	HOSPITAL:   Inpatient 2   EP/Outg   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY building, etc. (Special Control of the Dest of my known)	petient 3 DOA 4  28b. TIME C 1NJUR  — At home, farm, stre	26. PLACE OF DEAT THER: Nursing Home 5 Resid  F 28c. INJURY AT WORK? M 1 YES 2 N  et, factory, office  at the time, data and piece, and my opinion, death occured	H (Check only on ence 6 Other 28d. DES O	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAL EXAMINER:	HOSPITAL:   Inpetient 2   EP/Outp   26a. DATE OF INJURY   (Month, Day, Year)   28e. PLACE OF INJURY building, etc. (Special Section of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the	petient 3 DOA 4  29b. TIME 0 INJUR  7 — At home, farm, strectly) Priedga, death occurred an and/or investigation,	26. PLACE OF DEAT THER: Nursing Home 5 Resid  F 28c. tNJURY AT WORK? M 1 YES 2 N et, factory, offica  at the time, data and piace, and my opinion, death occured	H (Check only on ence 6 Other 28d. DES O 28f. LOC Chy ad due to the cause the time, data	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  Leause(e) and manner as stated.

May & Thereft

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recommend the design continued to the complete within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been as the law of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	1. DECEDENT'S NAME (First, Middle, Last) Lucille Vi			ATE OF D		REG. NO.		
		MOTINTO PICHO	20			MONTH DAY	T OOO	
1 1	4. SOCIAL SECURITY NUMBER 220-48-8449  9. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (	(In yrs. last birthday)  YRS.	DAYS H	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 6 191		6:10 A' RTHPLACE (State or Foreign unity) aryland
DIRECTOR	Anne Arundel Medi	cal Center		Annap	olis	TH .	Anne A	Arundel
	10e. STATE	e Arundel	10c. CITY, T	Annapo			10g. CITIZEN O	10d. INSIDE CITY LIMITS? 1 YES ' NO
FUNERAL	310 Chesapeake A				21403			d States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	if yes, specif		ORIGIN? (Specify Yes or Puerto Rican, etc.)	В	ACE — American Indian, leck, White, etc. pecify:  White
LETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	Me. Do NOT use re	k done during most o etired.)	f working	16b. KIND OF BUSIN	ESS/INDUSTR	
COMPL	8 17. FATHER'S NAME (First, Middle, Last) Albert L., Monda	У	Homemake			E (First, Middle, Maiden Su B. Phipps	name)	
TO BE	190. INFORMANT'S NAME (Type/Print) Ella Gentile				Number or Rural Ro	ute Number, City or Town,	,	rland 21403
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cam	PLACE AND DATE OF E Detery, cramatory or other illcrest (	DISPOSITION (Name	of	DATE 20c. LOCA	TION — City or	Town, State
	21. SICHATURE OF FUNERAL SERVICE LIC	CHREET CONTRACTOR		22. NAME AND	ADDRESS OF FACI	Taylor	Funer	al Home
NOL	23. PART I. Enter the diseases, or on shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate					val de		Approximate interval Betwee Onset and Dec
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	obeta consequence of: putins u					
MEDICAL	PART II. Other significant condition Rual 1 Dilated	e contributing to deeth be n suff / www. ardwwy	11.14	the underlying c	ause given in P	PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES A NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   XER/Outp		THER:	E OF DEATH (Chec			
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	HF 28c, INJURY WORK M 1 YES	Y AT	28d. DESCRIBE HOW INJ	URY OCCURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streedfly)	et, factory, offics	1	26t. LOCATION (Street and City or Town, State)	Number or Rul	ral Route Number,
COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of examination						se(s) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	DoMa	- M	2	D3815	ER 3	Ped. DATE SIGN	IED (Morth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ONLINE	ATIL (ITEM C					1/12

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

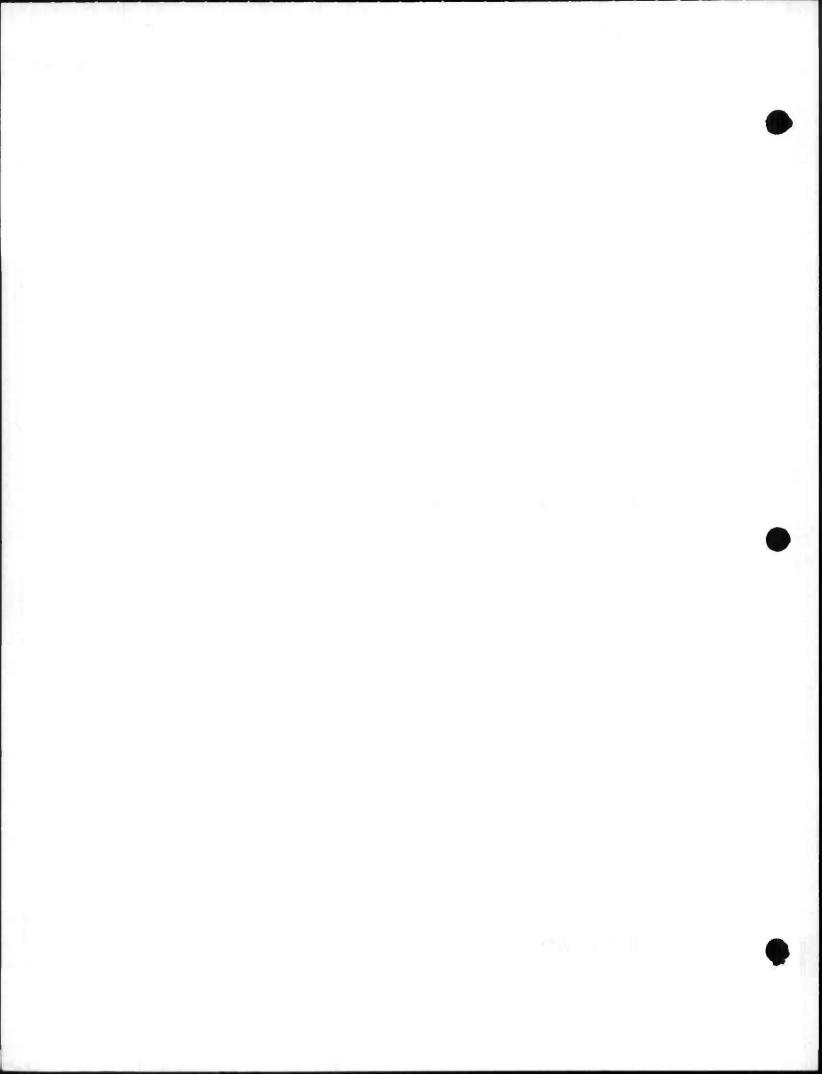
	1. DECEDENT'S NAME (First,	Middle, Last)			-					2. DATE OF DEATH			3. TIME OF DEATN
	LARS JON.	ATHAN	HIRST	FREDLAN	D					JAN, 31	199	YEAR	4:00 P M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. la	st birthday)		ER I YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	219-76-6642		17∑M 2 □ F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	May 7 19	71	Wash	ington, D.C
Ì	9a. FACILITY NAME (# not ins	stitution, give a	treet and number)			9b. CIT	Y, TOWN	OR LOCATI				NTY OF D	
٣ ا	100 Old Cro	ssing	Lane			A	nnar	olis			An	ne A	rundel
DIRECTOR	RESIDENCE OF DEC					1	-						
2	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN							10d. INSIDE CITY LIMITS?
	MD	Anne	Arundel			Ann	apol	Lis					1 TYPES 2 NO
₹ I	10a. STREET AND NUMBER		т					of, ZIP COD	_				HAT COUNTRY?
	100 Old Cro	ssing	Lane					2140	11		Uni	ted	States
FUNERAL	11. MARITAL STATUS  1	Manual of	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED	13	WAS DE	ECENDENT C	F NISPAN	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
ВУ	3 Widowed 4 Divor		IF YES, GIVE V	YES 2				S 2 XNO	Specify			Specif	fy:
9	15 DECE	EDENT'S EDUC	CATION	10.00	ECEDENT'S	1	2001121						White
	(Specify only	highest grade	completed)	(0	Give kind of a	work done	during r	nost of working	ng	16b. KIND OF BU	SINESS/IND	DUSTRY	
COMPLET	Elementary/Secondary (0-	-12)	3 Vrs.	-)	tuder		,			Co	llege	<u>.</u>	
8	17. FATHER'S NAME (First, Mile	ddle, Last)	J ATS			_		18. MOT	NER'S NAM	AE (First, Middle, Maiden	7		
Ö	John E. Fre	dland								er Hirst	Surnamey		
0 8	19e. INFORMANT'S NAME (7)	rpe/Print)		19	9b. MAILING	ADDRES	SS (Street	t and Number	or Rural A	loute Number, City or Tow	n. State 7/c	Code	
일	John E. Free	dland						sing					and 21401
1	200. METHOD OF DISPOSITION	ON		20b. PLACE	AND DATE	OF DISPO	SITION /	Name of		OATE 20c. LO	CATION	City or Tox	wn, State
	1 Donation 5 Other		oval from State	cemetery, cn	incol			atorv	02-	-02-93 Bre	ntwo	od. N	Marvland
	21. SIGNATURE OF FUNERAL	BERVICE LIC	system /	7)			March 1985	AND ADDRE					
	1//	1	17	1.1	_	14	7 D	uke o	f Glo	oucester S		-	
7	23. PART I. Enter the dis	50050S, O(4	ómplicetions tha	t ceused the d	eath. Do i							- Date -	Approximate
	ehock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fellure.	e. Will	OR AS A CONSE	Low	a							Interval Between Onset and Death
HIFICATION	Sequentially list condition of any, leading to immediate. Enter UNDERLY!	liete	OUE TO	(OR AS A CONSE	OUENCE O	F):							
3	CAUSE (Disease or Injur		OUE TO	(OR AS A CONSE	OHENCE O	D.							
	that initiated events resulting in deeth) LAST		702 10	(OII NO X CONGE	.002102 0	,.							į
<u>u</u>			1,										-
4	PART II. Other significer	nt condition	s contributing to	deeth but not	resuiting	In the u	ınderiyi	ng ceuse g	given In F	Part I. 24e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL										1			COMPLETION DF CAUSE OF DEATH?
¥ I										٨٨			YES 2 NO
z I										_			
5	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:					PLACE OF D	EATH (Che	ck only one)			
PHTSICIAN:	1 NES 2 NO		1 Inpatient 2	ER/Outpetlent 3	3 🗆 DOA	OTHE		me E Re	eldence (	3 ☐ Other (Specify)			
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₹	(Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	eath occurr	ed at the	time, da	te end piece	end due t	to the cause(e) end mer	ner ee stat	ed.	
5	one) 2 MEOIC	CAL EXAMINE	R: On the basie of e	ramination end/or	Investigation	n, In my	opinion,	death occur	ed at the t	lime, date end place, en	d due to th	e ceuse(e)	end manner ee stated.
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	Barbara T.	rurlo	w, M.D.	600 Ric	dgley	Чу∈	enue	#137	/ An	napolis, N	1D 21	401	
	31. DATE FILED (MONTH, Day, Y	4 199	3 Julia D	B'S SIGNATURE	indelle								

ing physician. 5-0020 BALTIMORE, MARYLAND 212 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be regained by the attending physician and completely filled in by the luneral director, page 5 should be deferred to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

a me burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

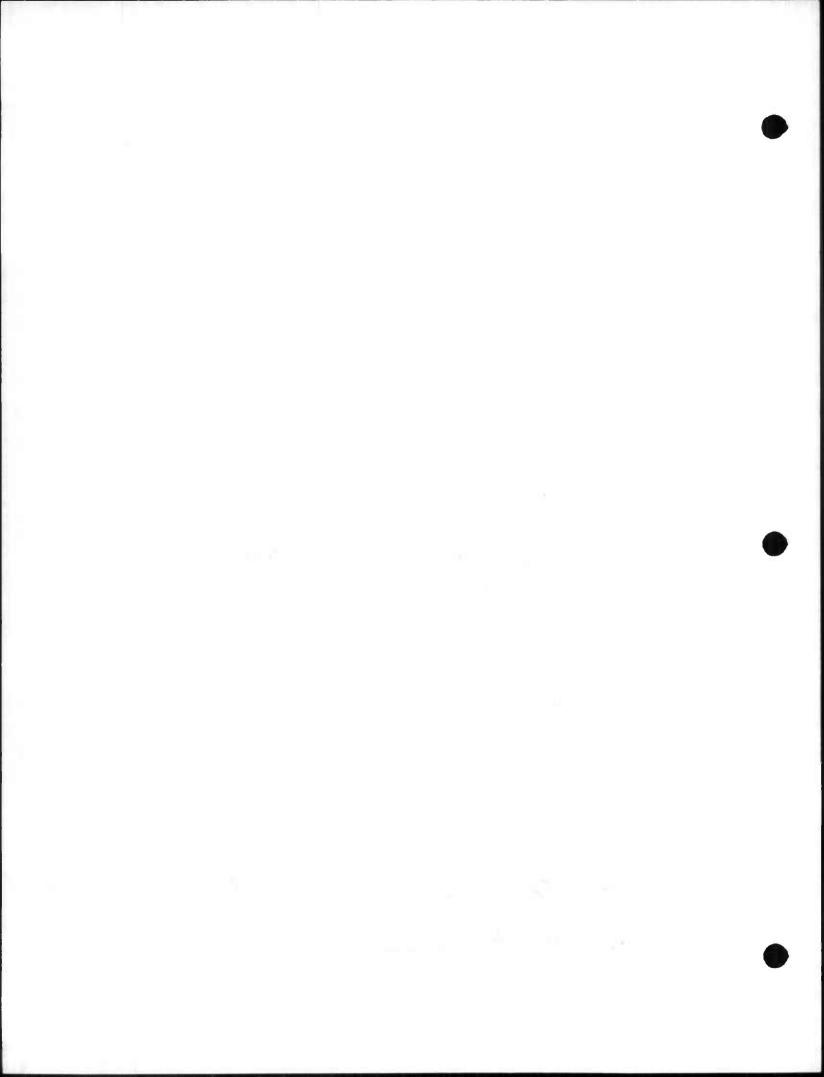


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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSI
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	FOR STATE REGISTRAR	;	STATE OF MARY			ENT OF H		MENTA	AL HYGIEN			
	1. DECEDENT'S NAME (First, M	liddle, Last)		- OLIT		VIE OI	DEATH	2. DAT	E OF DEATH			3. TIME OF DEATH
13	THEODORE	PHILL	IP FOOTE					MON		8	YEAR Q 3	6:50P M
	4. SOCIAL SECURITY NUMBER	5.	SEX 8. AG	E (In yrs. last birth		MOER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
ĵ	219 03 9 9a. FACILITY NAME (If not institu		M 2 F 7	2 *	RS. MON		HOURS MIN.	8/:	18/20	ac cos	MAI	RYLAND
TOR	SACRED H	EART H					BERLAND					EGANY_
DIRECTOR		OL COUNTY  ALLE	ZANIV	100		WN OR LOCATI	ON					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ALLEC	JAN I		LAV		ZIP CODE	_		10a, CIT	IZEN OF	1 YYES 2 NO
ER	542 N. Fir	st St	reet				21502			U		
FUNERAL	11. MARITAL STATUS	12	. WAS DECEDENT EVER			13. WAS DECI	ENDENT OF HISPA				14. RAC	E — American Indian,
<u></u>	1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1 X YE		_		cify Cuben, Mexica 2 NO Specif		Rican, etc.)		Spec	k, White, etc.
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COMPL	17. FATHER'S NAME (First, Midd	lle, Last)		1121		311(211	18. MOTHER'S NA	ME (First.			OIV	
_	LESLIE T	. F(	OOTE				GRACI		HILLI	,		
O BE	19a. INFORMANT'S NAME (Type		JOIL	19b, MA	ILING ADD	RESS (Street at	nd Number or Rural	_			p Code)	
ĭ	COLETTA M.	FOOTE	Đ	54	2 N	. FIR:	ST STRI	EET	LAVAI	E. 1	MD 2	21502
1	20s, METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation			96. PLACE AND D	ATE OF DE	SPOSITION / No		DA	-	CATION -		
- 1	4 🗆 Donation 5 🗆 Other (Sg	pecify)		REST L	AWN		GARDEN	V 12/	'1 LAV	ALE	, MI	
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	Dough	as p	Hafe	0								MORTUARY MD 21502
HILICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ns, tte	DUE TO (OR AS	Ge C	CE OF):	gestiv OCAP	e He Liopat	Tref	FAM	420		Interval Between Onset and Death
MEDICAL CE	PART II. Other significant  Amg R  Rohal	conditions of	potributing to death both when	but not result		e Underlying	cause given in	Part i.	24a. WAS AN PERFO	RMED?	248	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO N	MEDICAL				26. PL	ACE OF DEATH (CA	neck only a	one)			
PHYSICIAN:	EXAMINER?	H:	OSPITAL:	itpatient 3 🗆 D		HER:	5 🗆 Rasidence					
	27. MANNER OF DEATH		26s. DATE OF INJURY	281	. TIME OF	28c. INJU	IRY AT	_	SCRIBE HOW	NJURY OC	CURED	
2	1 Natural S Per 2 Accident Inve	nding estigation	(Month, Day, Year,		INJURY	M 1 Y	ES 2 NO					
_	3 Suicide 6 Co	uld not be termined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, fi	arm, street	, factory, office			CATION (Street or Town, State		r or Rural	Route Number,
COMPLETED			To the best of my kno									- 21 / 15 games per 9 (40 ac)
	299. SIGNATURE AND TITLE OF	fort.		OT BUILDING HINGS	isymiton, in	my opinion, de			a and place, as			a) and manner as stated.
20 00	110	Vag	men	m			DA C	18 218	1	29d. DA1	SIGNED	Month, Day, Year)
	30. NAME AND ADDRESS OF P	RY WAG	ONER, M.D.	925 B	(Type, Print ISHO]	P WALS	H ROAD C	CUMBI	ERLAND,	MD.	215	02
1	31. DATE FILED MAGES BOY, ON	"1 1993	32. RESTRAR'S SIG	INATURE	And.							



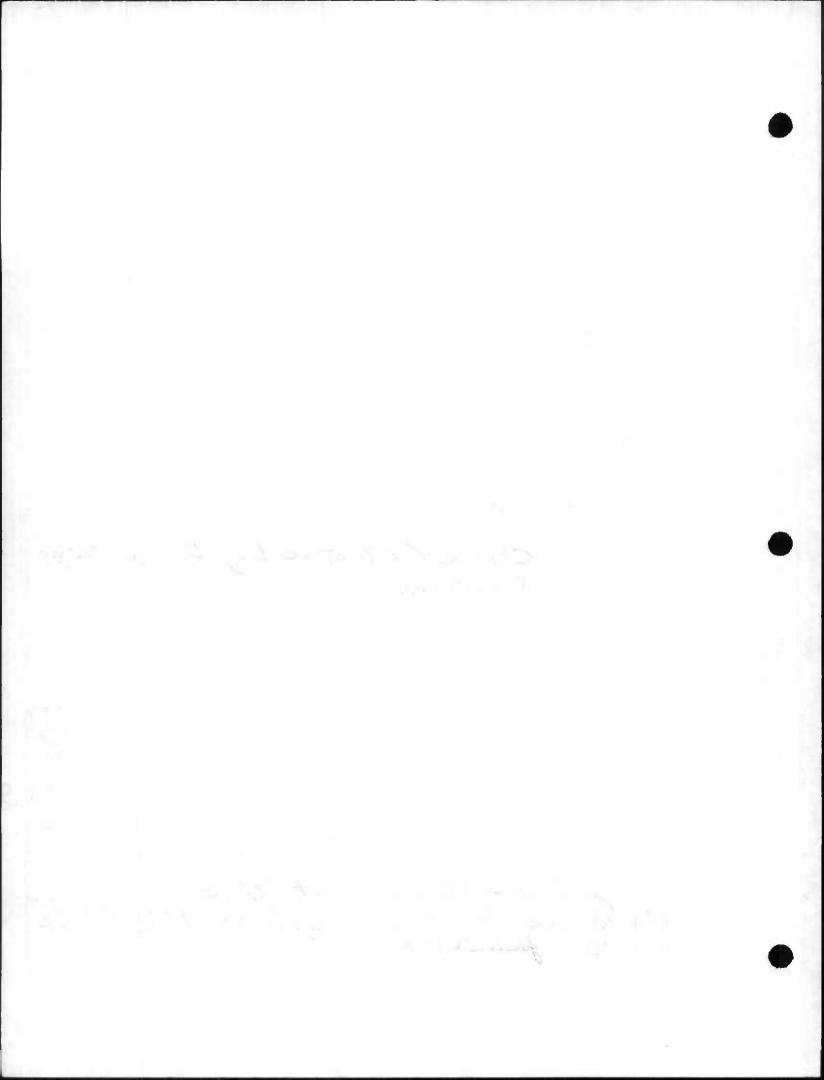
BOX 68760, DIVISION OF VITAL RECORDS P.O.

1 🔀 M 2 🗆 F 028-16-3450 n by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should removal. 9e. FACILITY NAME (If not institution, give street and number) DIRECTOR 6 Bethayers Court RESIDENCE OF DECEDENT Maryland Montgomery 10e. STREET AND NUMBER FUNERAL 6 Bethayers Court ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 7 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 XMarried BY 3 Widowed 4 Divorced 1943-1965 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 4 once. 17. FATHER'S NAME (First, Middle, Last) Ħ Arthur W. Flint BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Ruth S. Flint pe 20e. METHOD OF DISPOSITION must 1 Buriel 2 X Cremation 3 Re 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical filled in by shock, or heart failure. List only one ceuse on sech line. 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition hronic resulting in desth) muthin within event. neumonia traumatic CERTIFICATION Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury skilm cate be o age. E S that initiated events resulting in death) LAST death 温泉 MEDICAL b has been elemed to e Dept, of Health are m 23 shows any I HOSPITAL OR ATTENDING PHYSICIAN: The law manifes that PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL t: After this certificate har death with the State Dismerted, or item flem HOSPITAL: 1 YES 2 XNO etlent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 1 X Natural 5 Pending BY Investigation 2 Accident 3 Sulcide L DIRECTOR: A hours after do item 28 Is 00 COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL (TO THE FUNERAL DE FIEED WITHIN 72 PHIMPORTANT; IF IN 2 MEDICAL EXAMINER: On the basis of exa 29b. SIGNATURE AND TITLE OF CERTIFIES 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Willard NMN Flint 1993 11:00 P Feb. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS Oct. 26 920 Mass. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rockville Montgomery 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1 YES 2 X NO Rockville 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20855 U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. It yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 ☐ YES 2 ☑ NO Specify: Specify. White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Electrical Engineer U.S. Army 18. MOTHER'S NAME (First, Middle, Malden Surname) Dorothy Cate 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as #10 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Metropolitan Crematory Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY 1 Funeral Home Deer Park Dr., Gaithersburg, MD 20877 Vol. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximats Onset and Death** Zoyvs DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 XNO OF DEATH? 1 | YES 2 | NO 28. PLACE OF DEATH (Check only one) OTHER: ng Home 5 Residence 8 Other (Specify) 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED NJURY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. investigation, in my opinion, death oc ed at the time, date and place, and due to the cause(e) and manner ea stated, Feb 1993 30. NAME AND ADDRESS OF PERSON 1940 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 Pul m, Clinic V



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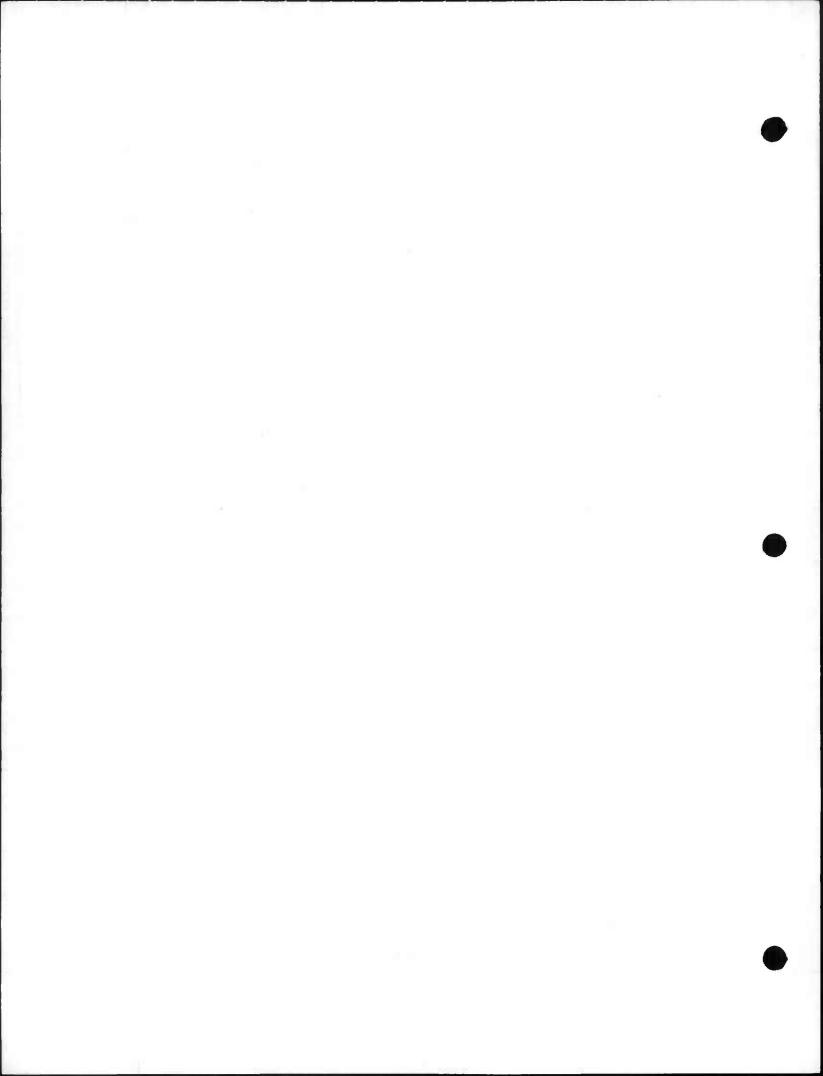
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	FOR STATE REGISTRAR		STATE OF N		DEPAR					MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	F DEATH			3. TII	AE OF DEATH
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	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. In:	st hirthday)	IF LINDE	R t YEAR	IF UNDER	24 HBS	7. DATE OF		, 12		IDI ACI	(State or Foreign
	215-52-7689		1   M 2   X F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Countr	γ)	
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~	9a. FACILITY NAME (If not in	_				96. CIT	Y, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	INTY OF D	EATH	
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DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			T										
E					10c. CIT		OR LOCAT								NSIDE CITY JIMITS?
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A	10e. STREET AND NUMBER						101.	ZIP CODE	E			10g. CIT	IZEN OF V	VHAT C	OUNTRY?
EH	8522 Hazel	wood D	rive					208	314			Un:	ited	St	ates
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	1 Never Married 2		FORCES? 1		NO		If yes, ope			n, Puerto Ric	cen, etc.)		Speci		e, etc.
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0	17. FATHER'S NAME (First, M.	iddle, Last)						18 MOTE	IER'S NA	ME /Elret Mil	ddle, Maiden		L CII		
	Henry Snow	barger								Harl		Juli Herringy			
BE	19a. INFORMANT'S NAME (7		_			400000	0.00	-				V 100			
2	Elaine R.										; City or Town				
					_				nue,		er Sp				20902
i	20a. METHOD OF DISPOSITI		val from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	ne of		DATE	20c. LO				
- 8	4 Donation 5 C Other			Park I	awn M										land
ĺ	21. SIGNATURE OF FUNERA	L SERVICE LIC	INSEE			Ŕĉ	MAME AN	D ADDRES	Pilmi	Shrev	Funer ise, I	al F	lome/	,	
	Kalin	170	ru-1	1	M0019	8 7 E	Sethe	sda-	Chet	y Cha	ise, I	nc.			
	23. PART i. Enter the		omolications that	nouseed the de	noth Do	75	00 / W	ISCO	nsin	Ave.	,Betn	esaa	1,MD		314-3501
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3	cause. Enter UNDERLYi CAUSE (Disease or inlu														
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	resulting in death) LAS	T L a												- 1	
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A	PART ii. Other aignifica	nt conditions	contributing to	death but not o	resulting	in the u	nderlying	ceuse g	iven in	Part i. 2	4a. WAS AN		24b.		AUTOPSY FINDINGS ABLE PRIOR TO
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≧	2 Accident	Investigation	20. 01.000	IN RIPPY ***				ES 2	NO						
		Could not be determined	building,	FINJURY — At ho etc. (Specify)	eme, term,	street, fac	tory, office			261. LOCAT	Town, State)	nd Numbe	r or Rural F	loute N	umber,
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۲	29a. CERTIFIER (Check only	TEYINO PHYSIC	CIAN: To the best of	my knowledge, de	eth occum	ed at the t	lime, date	end place,	end due	to the cause	e(e) end man	ner as sta	ted.		
COMPLETED			: On the basis of ex											) and r	nanner ee stated.
- 2	29b. SIGNATURE AND TITLE						Т	29c. LICE							111
BE	.7	les de	ha 1	San his	0					PER	i				, Day, Year)
2	20 NAME AND ADDRESS OF	DEDECH ME	Cathe	er I				D05	270			F	eprua	ary	4, 1993
- 1	30. NAME AND ADDRESS OF	LEHZON MHC	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)									_

Lewis N. Cahill, M.D., 5411 W. Cedar Lane, #202A, Bethesda, MD

32. REGISTRAR'S SIGNATURE
Julia Davidson Andelle

20814



FOR STATE REGISTRAR

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		472–05–2729	1 🔀 M 2 🗆 F	GE (In yrs. last		WITHS DAYS	HOURS MIN.	7. DATE OF BIRTH 01-13-19		Minnesota
3 should	NC N	9a. FACILITY NAME (If not institution, g SUBURBAN HOS)			91	BETHE:	OR LOCATION OF DI	EATH	100	TOMERY
1, 2,	5	RESIDENCE OF DECEDENT							7.101	ואסוונסטון
permit. Pages	DIRECTOR	MARYLAND MOI	NTGOMERY		ROCKY	OWN OR LOCA VILLE	ATION			10d, INSIDE CITY LIMITS?  1 X YES 2 NO
permi	A.	100. STREET AND NUMBER 1801 E. Jeffe	rana Ctroot		-	10	or. zip 60852	<del></del>	10g. CITIZ	EN OF WHAT COUNTRY?
150	FUNERAL									ed States
21215-0020  If or attending physician.  For use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? XX Y JE VES GIVE WAR O	ES 2 N	MED D	If yes, s		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No—	14. RACE — American Indian, Black, White affic Specify: WHITE
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AND the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid		
2 8 8	BE C	HARRY FEINBE	RG				JENNIE	C OSSHER		
MARYLAND s retained by the hospit 5 should be detached notified at once.	10	19a. INFORMANT'S NAME (Type/Print)	DEDC					Route Number, City or		
E Sage		ALAN L. FEIN								MD 20878
MOR le 6 mar rector, p		20e. METHOD OF DISPOSITION  #\$\( \text{Suriel} \) Burlel 2 \( \text{Cremation} \) 3 \( \text{F} \)  4 \( \text{Donation} \) Donation 5 \( \text{Other} \) Other (Specify)	lamoval from State	cemetery, cren Cing D	natory or other avid	disposition (A place) lemori	<sub>lame of</sub> al Garder	2/5 Fa		ity or Town, State
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF EURENAL SERVICE	LUCENSEE	_						CHAPELS, INC.
. 03 0	$\dashv$	23. PART I. Enter the diseases,	or complications that cau	and the day	eth Do not					e, MD 20852
24 hour filled if		shock, or heart failu iMMEDIATE CAUSE (Final disease or condition	re. Liat only Dna cause D	n aach line.	/ <	enter the th	oda or dying, suc	IT was Cardiac Of 18	apiratory arre	Approximata Interval Between Onset and Death
68760, executed within 24 and completely filling burial, cremation, matic event, the		resulting in death)	DUE TO (OR A	AS A CONSEQ	UENCE OF):	0 0	<u> </u>	0	)	2
ecu esti	NO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQ	UENCE OF):	SIK	ATION	PNGUI	MONI	4
BOX cate be en thysician a e prior to	ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	6.	MEI		7				
U. 4 E . 9	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR A	IS A CONSEQ	UENCE OF):					
Y ag at a X		PART II. Other significant condi	tiona contributing to deat	th but not re	aultina in t	the underlyis	na seuse alues in	Dord i Jose uno	AN AUTOPSY	Last Mana disposal amendo
RECORDS reactives that the or reactives that the or or seath and the or seath and the	MEDICAL		YOCARDU	AL				PERI	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
R	Z: ME	OT AS	TROSTO	MY				_		1 TES 2 NO
A BE	CIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	MÓSPITAL:		1.	26. F	PLACE OF DEATH (Ch	eck only one)		
- A-100		1 TYES 2 NO	Inpatient 2 ER/		DOA 4	☐ Nursing Ho	me 5 🗆 Residence			
NG PHYSICIA Ther this certs eath with the marked, or	BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigati	28a. DATE OF INJUI (Month, Day, Yel		28b. TIME O	Y W	IJURY AT ORK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCU	JRED
VISION VITENDI CITOR: A after de after de 28 is		3 Suicide 6 Could not 4 Homicide determine	ba 28e. PLACE OF INJUDE	URY — At hon Specify)	ne, farm, stre	et, factory, offi	Ice	281. LOCATION (Stre City or Town, St		or Rural Route Number,
DI AL DIRI	COMPLETED		IYSICIAN: To the best of my ki							d. cause(s) and manner as stated.
TO THE HOSPIT TO THE FUNER be filed within	TO BE C	29b. SIGNATURE AND TITLE OF CERT	CALOT D.	D.PAT	rel)		29c. LICENSE NUI D 180	S-/	29d. DATE	SIGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON	who completed cause of	MON	TROSI	E ROT	ROCKVIL	LE MD	208	12
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE	.00			1		
L.			J- wo know to the							DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH MONTH

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second confidence of the property of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate the major of the second physician and comparing filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Star Copy of the second physician and Mental Hydron prior to burial, cummation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF I		/ DEPAI					MENT	TAL HYGIEN REG. NO.	_		
,	1. DECEDENT'S NAME (First,	Middle, Last)	Willi	am Fle	cher					MO	nuary 3	ĭ 1º	993	3. TIME OF DEATH  10:10 AM
	4. SQCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDE	9 24 HRS.	7. DA	7. DATE OF BIRTH		s. BIRT	HPLACE (State or Foreign
	577-12-88	67	tXXM 2 ☐ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Aux	17, 1905	5 Maryland		
	9a. FACILITY NAME (If not ins	titution, give s	street and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	9308 (		Lane					Bet	hes	da			Mol	ntgomery
1 2	10a. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland		Montgome	ry				Ве	the	sda				LIMITS?  1 YES 2 X NO
FUNERAL	10a. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
l iji		308 Ce	dar Lane						208	314		τ	Inite	ed States
5	11. MARITAL STATUS 1 ☐ Never Married 2 🔏	Married	12. WAS DECEDEN FORCES? 1	YES 2	ARMED	13.	WAS DEC	CENDENT (	OF HISPAI	NIC ORI	GIN? (Specify Yes		14. BAC	E — American Indian,
¥	3 Widowed 4 Divor		IF YES, GIVE V	WAR OR DATES				2 💢 NO					Spec	offy:
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							White							
<u></u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Owner-President  To. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Owner-President  Roofing Company  16. KIND OF BUSINESS/INDUSTRY													
뒽	4 Owner-President Roofing Company								nanv					
ő	17. FATHER'S NAME (First, Mic	ddle, Last)						_		ME (Firs	st, Middle, Meiden		Out	July
BE														
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
VIIGINIA Arey  20a, METHOD OF DISPOSITION  1 [ABurlal 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   Darte   Park   Days   Park   Days   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   Park   P							nd 20910							
							City or To	own, State						
							le,	Maryland						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Ho Bethesda-Chevy Chase, Inc. 75 Avenue Bethesda-Maryland 208						Home	Z/Winsonsin							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat,							wisconsin							
	Approximate interval guesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  c.  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not rea					in the ur	nderlyin	g ceuse	given in	Part I.	24e. WAS AN PERFOR	MED?	248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only	one)			
YSI	1 TES 2 X NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nur		6 5 XR	esidenca	a 🗆 O	ther (Specify)			
РНҮ	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIA	AE OF JURY	28c. INJ WO	URY AT		28d. D	ESCRIBE HOW IF	JURY OC	CURED	
BY	1 🔀 Natural 5 🗌 P 2 🔛 Accident Ir	ending restigation				М		YES 2	NO					
8		could not be atermined	28s. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, fact	lory, offic	•		281. Li	OCATION (Street a ity or Town, Stete)	nd Number	or Rural	Route Number,
COMPLET			CIAN: To the best of											a) and manner as stated.
I.I.	296. SIGNATURE AND TITLE	OF CERTIFIES	PA		μ. Λ			29c. LICI	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B	L One	ld	N BU	ly	WI	>		D	00	95	7	Fe	brua	ry 1, 1993
F	30. NAME AND ADDRESS OF													
	Donald L. Bu	cy M.		eirs Mi		ad R	ockv	ille	, Ma	ryl	and 208	51		
	FEB 02	'93	Julia	Davidoo	Pandel	2								

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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AMES CIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign IF UNDER t YEAR IF UNDER 24 HRS. 579-10-5805 1 M 2 D F Portsmouth, Va 9e. FACILITY NAME (If not institution, give street end number 9c. COUNTY OF DEATH SUBURBAN RESIDENCE OF DECEDENT MONTGOMER DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMBR OLKVILLE 1 DIES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? United States 20 80 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, 1 Never Married 2 Merr 3 Widowed 4 Divorced BY White Nov. 42-Feb. 46 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comple Sementary/Secondary (0-12) College (1-4 or 5+) Sales Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Alfred Ferguson Mae Crowder notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Juanita LaMay 10408 S.43rd Pl., Phoenix, Az. 85044 pe 30 NETHOD OF DISPOSITION
1 Pormation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete, granator) or other place. Gardens 28c. LOCATION — City or Town, State DATE must Arlington, Va. 22. NAME AND ADDRESS OF FACILITY TURPHY Funeral Home SIGNATURE OF TUNERAL SERVICE LICENSED 4510 Wilson Blvd., Arlington, Va. 22203 has medical 23. PART Enter the diseases. applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, conditions are intended physician and completely filled in by Approximata shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition MYOCARDIAL resulting in death) Imumatic event. DUE TO (OR AS A CONSEQUENCE OF): BRIOSCLERATIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any ISGAS6 1 YES 2 THO 1 TES 2 NO 83 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) marked, er 28a. DATE OF INJURY (Morith, Day, Year) / Z-8 9 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 3309 BY 1 YES 2 110 COLLAPSED STORE 2 Accident PLACE OF INJURY --building, etc. (Specify) 281. LOCATION (Street and Number or Rural Re 3 Suicide 60 COMPLETED 6 Could not be item 28 4 Homicide ROCH VHC 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my IMPORTANT: II 2 MEDICAL EXAMINER: On the basis to the cause(s) and manner as stated. 29c. LICENSE NUMBER 0 29 Ó FERNWOOD 32 REGISTRAR'S SIGNATURE

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cause. Enter UNDERLYING CAUSE (Disesse or Injury

that initieted events resulting in desth) LAST

4 Homicide

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other traumatic event, the medical examiner must be notified at

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	TO THE HOSPITAL OR ATTEMPT PHYSICAN: The law requires that the death or	TO THE FUNERAL DIRECTIC After the certification has been signed by the attendition of the standing of the standing of the standing of the standing of the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the standard by the stan	=

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) L. Fortune	2. DATE OF DEATH MONTH - 28- 9	YEAR 12:30 PM
4. SOCIAL SECURITY NUMBER  5. SEX  163-09-6326  1 PM 2 F  8. AGE (in yrs. last birthday)  F UNDER 1 YEAR F UNDER 24 HR  MONTHS DAYS HOURS MIN	districts Constitution	8. BIRTHPLACE (State or Foreign Country)
98. FACILITY NAME (If not institution, give street and number)  1/847 Steam Millis// Pd. Who leys ville  RESIDENCE OF DECEDENT	1.1	unty of DEATH orchester
md. Worchester Whaleyswille		10d. INSIDE CITY LIMITS? 1 YES 2 4
100. STREET AND NUMBER 1/847 Steam Mill Hill Rd. 2187	2 10g. Cr	TIZEN DF WHAT COUNTRY?
	SPANIC DRIGIN? (Specify Yea or No- ixican, Puarto Rican, atc.) pecify:	14. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 6+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	5un Oi	NDUSTRY  Co.
17. FATHER'S NAME (First, Middle, Last)  John Wesley Fortune  16. MOTHER'S  HEST	B NAME (First, Middle, Meiden Syrneme) Ella Monten	7
19a. INFORMANT'S NAME (Type/Prid) 19b. MAILING ADDRESS (Street and Number or Pi Angeline Fortune 1/847 Steam Mil	ural Route Number, City or Town, State, 2	loysnille med.
20e. NETHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	fary Unaley.	Suille, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS DI  LEWIS N. WA  WOST R.G.	FRON FUNERAL , Salisbury M	Home d. 21801
23. PART i. Enter the diseases, or complicatione that ceused the desth. Do not enter the mode of dying, shock, or heert failure. List only one ceuse on each line.	such as cardiec or respiratory a	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (DR AS A CONSEDUENCE OF):		ZMINTHS
Sequentially list conditions, if any, leading to immediate		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (DR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 WES 2 ND

DHMH-18 Rev 1/89

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

OTHER: 6 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 26a. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 1 Netural 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined

1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

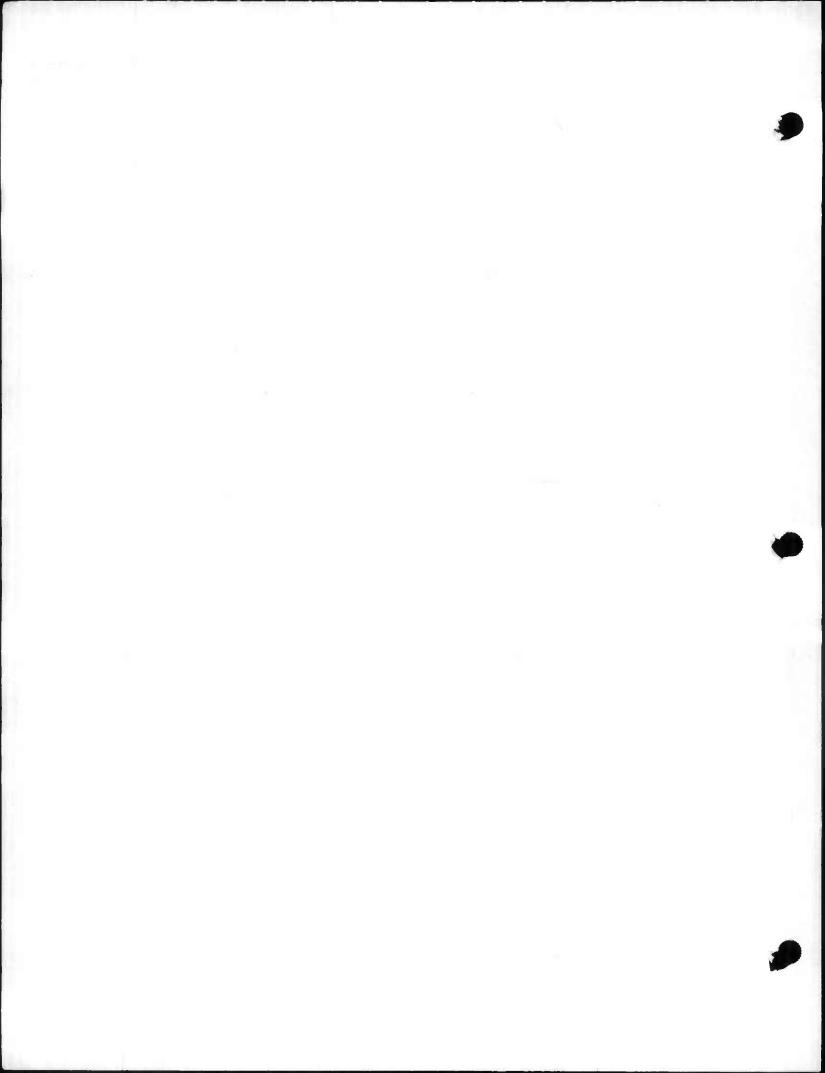
26. PLACE OF DEATH (Check only one)

29s. CERTIFIER (Check only one)
1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and meriner as stated.
2 MEDICAL EXAMINER: On the basis of examination coding to the cause (a) and meriner as stated.

one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, o	death occured at the time, data and place, ar	nd due to the cause(s) and manner as s
296. SIGNATURE AND TITLE DF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Jen h. My	1 30734	1/29/93

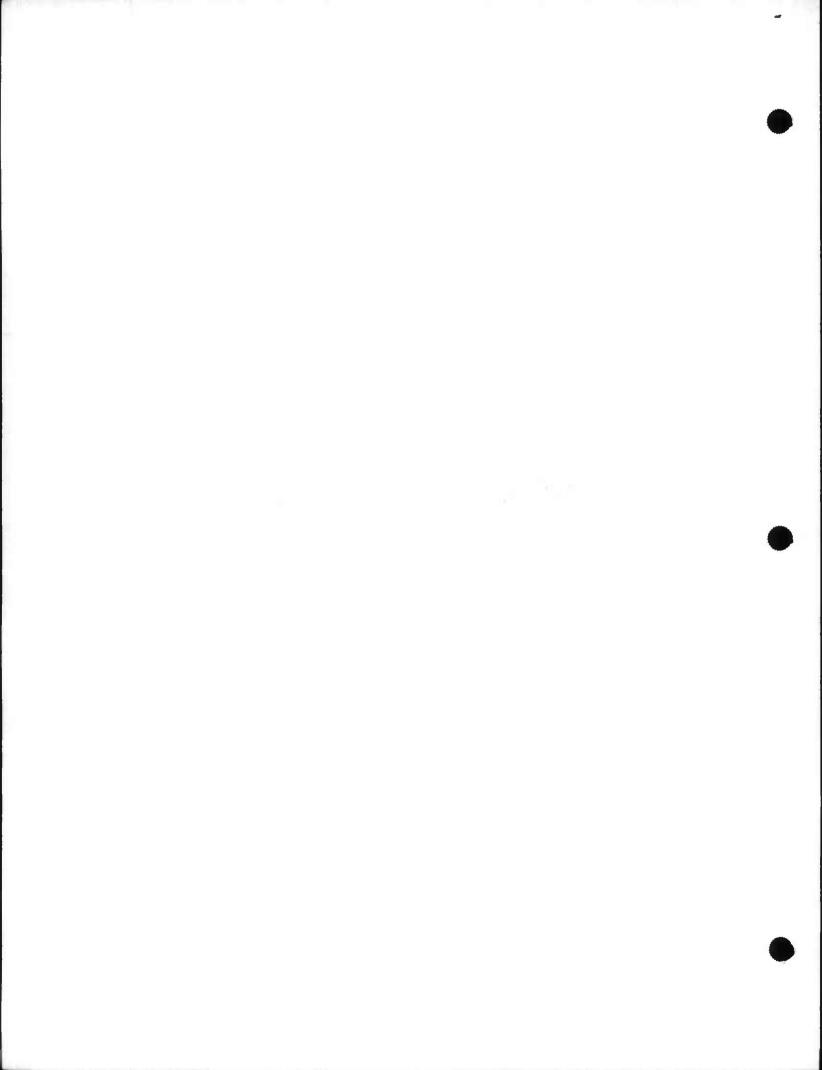
10	0 1	7	7			
30. NAME AND A	OORESS OF PER	SON WHO C	OMPLETEO	CAUSE OF	OEATH OTEM 27	(Type, Print)

Carroll sheet 100 E. FEB U 1 1993 32. REGISTRAR'S SIGNATURE whia Davidson-Randelle 21801



## ent, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law inquires that the death certificate to THE FUNERAL DIRECTOR. After this certificate has been agoed by the attending policies be filed within 72 hours after death with the State Dage of Health and Martal Hygend DIRECTANT: If Item 28 is marked, or Item 23 shows any Injury, or other th

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE		, 0 0000.
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	s.		Fishe	r	2. DATE OF MONTH Febru	DEATH DAY	3, 1993	3. TIME OF DEATH 6:15 P M
	4. SOCIAL SECURITY NUMBER 219-29-5871	1 □ M 2 □XF 18	ln yrs. lest birthdey) B YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D May 9	BIRTH ev. Year)	8. BH Co M	ethplace (State or Foreign unitry) faryland
TOR	9a. FACILITY NAME (If not institution, give a At Home, 760 Woodl RESIDENCE OF DECEDENT		ad	Mechani	CSVILLE	EATH		St. Ma	
DIRECTOR	- 1	Mary's		, town on Locat nanicsvi					10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
FUNERAL	100. STREET AND NUMBER 760 Woodburn Hill				20659			U.S.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	22 NO	If yes, sp	ENDENT OF HISPAN scify Cuben, Mexica 2 12 NO Specify	n, Puerto Rice		В	ACE — American Indian, llack, White, etc. pecify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	life. Do NOT use	ork done during ma		16b. KI	ND OF BUSI	NESS/INDUSTR	٧
COMF	8th Grade  17. FATHER'S NAME (First, Middle, Last)  Stephen S.	Fisher	nouse	ССРСЕ	16. MOTHER'S NA Sarah	ME (First, Mick		Surname) You	ler
TO BE	19a. INFORMANT'S NAME (Type/Print) Stephen S. Fisher				nd Number or Rurel Hill Rd.				, MD 20659
	20a. METHOD OF DISPOSITION  1	oval from Stata	o. PLACE OF DISPOS other place)				20c. LOC	ATION — City o	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Dardener		Mattir	nd address of fa agley-Gar Box 270,	diner			
i	IMMEDIATE CAUSE (Final	a. A STILO C Y DUE TO (OR AS A	ech lina.		de of dying, suc	h es cerdie	c or reepir	atory errest,	Approximets Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
AL	PART II. Other significant condition	s contributing to death b	n the underlyin	the underlying cause given in Part I. 24a. WAS PERI			MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)			
YSIC	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	putlant 3 🗆 DOA	OTHER:	ne 5 KResidence	6 🗆 Other (S	Specify)		
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	URY AT DRK? YES 2 NO	28d. DESCF	NBE HOW IN	JURY OCCURE	Þ
	2 Accident  3 Suicide 6 Could not be building, stc. (Specify)  26a. PLACE OF INJURY — At home, farm, street, factory, office  City or Yown, State)  28f. LOCATION (Street and Number or Rural Rou City or Yown, State)								iral Route Number,
COMPLETED	(Original Original Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Control or Con	ICIAN: To the best of my know ER: On the basis of examination							use(a) and menner as stated.
BE		ul jong			29c. LICENSE NU			29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF/PERSON WE Robert J. Baue	o completed cause of dier, M.D.	Mechani	csville	, Marylar	nd 20	659		
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN		33					



been strong by the attenting physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the burial-transit permit. Pages 1, 2, 3 should mage that the dearn pertificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICAN The TO THE FUNERAL DIRECTION: After this centering as be flied within 72 hours after death with the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of the Saw Direction of t

23 when my injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF I	HEALTH AND		TYGIENE REG. NO.	-	, 0000	/ (
	1. DECEDENT'S NAME (First, Middle, Last)			Or	D	2. DATE OF	DEATH		3. TIME OF DEATH	_
	LEON	FOUNT				MONTH 01	31	YEAR Q3		М
			(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	BIRTH ny, Year)	8. BIRTH Country		,
	214-01-8987  9a. FACILITY NAME (If not institution, give stre	1 M 2 F	84 YAS.		333	2-	10-09	MAR	YLAND	
Œ	306 DOUGLAS DR.	et and number)		1	OR LOCATION OF D	) )		NTY OF D		
DIRECTOR	RESIDENCE OF DECEDENT				urlock		D	ORCA	ester	
REC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
	MARYLAND DORCH	HESTER	HUF	RLOCK					1 XYES 2 NO	
A.	306 DOUGLAS DR.			10	Of, ZIP CODE				VHAT COUNTRY?	
FUNERAL		12. WAS DECEDENT EVER IN		10 400 06	21643			SA		
	1 Never Married 2 Married	FORCES? 1 YES	2 K NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Maxico S 2 1/2 NO Specific	en, Puarto Ricar	pecify Yes or No- n, etc.)	Black	- American Indian, k, White, atc.	
BY	3 Widowed 4- Divorced		Ales	1	S ST NO Sharm	lly:		Speci	W. Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION (completed)	16a. DECEDENT'S L	vork done durina ma	ON est of working	16b. KIN	OF BUSINESS/IND	DUSTRY		
7.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	e retired.)			Tisher+			
OME	17. FATHER'S NAME (First, Middle, Last)		PRE	edger						
	GEORGE FOUNTAIN					FOUNTA	le, Maiden Surname)			
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street				Codel		-
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) VIRGINIA PETERSON 306 DOUGLAS DR, HURLOCK, MD. 21643									
20g_METHOD OF DISPOSITION  1								wn, Stata	_	
	4 Donation 6 Other (Specify)		JOHN S C	EMETERY	<u></u>	2-6-93	PRESTO	N, MI	D	
	21. SIGNATURE OF FUNERAL SERVICE LICES	mel		22. NAME A	ND ADDRESS OF FA	ACILITY BEN	NIE SMITH	H FUN	NR. SERV.	
	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			516 S	SO. MAIN	ST., H	URLOCK, 1	MD. 2	21643	
	23. PART I. Enter the diseases, or conshock, or heart failure. Li	implications that caused	i the death. Do no	ot entar the mo	ode of dying, auc	ch aa cardiac	or respiratory arr	reat,	Approximate	
	IMMEDIATE CAUSE (Final				2 1	_1			Onset and De	
	disease or condition resulting in death)	CEREDRO DUE TO (OR AS A	vascula	e a	cciden	VT			Smowth	5
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	RTENSI CONSEQUENCE OF	):					JOYRS	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Ciaga	Rette CONSEQUENCE OF)	Smo	Ling				1	
E	that initiated events	DUE TO (OF AS A	CONSEQUENCE OF)	):						
CERTIFICATION	resulting in death) LAST									
٦	PART II. Other aignificent conditions	contributing to deeth b	ut not resulting in	n the underlyin	g ceuse given in	Pert I. 24s	. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDING	ng.
Sic	4		70 2.11				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MET							J TES 2 70 110		OF DEATH?  1 YES 2 NO	
E						_			U 100 - U	
PHYSICIAN: MEDIC		HOSPITAL:			LACE OF DEATH (Ch	heck only one)				
YSI	1 □ YES 2 NO	1 - Inpatient 2 - ER/Outpo	entient 3 DOA		ne 5 A Residence	8 Other (Spr	ecify)			
	27. MANNER OF DEATH  1 ☑ Netural 5 ☐ Pending	26a. DATE OF INJURY (Month, Day, Year)	20b. TIME INJU	JRY WO	ORK?	28d. DESCRIB	BE HOW INJURY OCC	CURED		
BY	2 Accident Investigation	DE DI ACE OF IN HIRY			YES 2 NO					
E	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At nome, term, ac.	reet, factory, onne	•	28f. LOCATION	N (Street and Number wn, State)	or Rural Ro	oute Number,	
E	29a. CERTIFIER 1 CERTIFYING PHYSICIA		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya							
COMPLET	(Check only 1 CERTIFYING PHYSICIA	IAN: To the best of my knowle On the basis of examination								
	29b. SIGNATAIRE AND TITLE OF CERTIFIER	•	) Girdren minage	, in my opinio, _						
H	Rosema M. H	Janim. P	NI	1	D - 43 7	MBER	29d. DATE	SIGNED	(Month, Day, Year) — 9 3	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, I	Print)	13-13/	0/	1 4	9	O	_
	302 Collins	Ave, Hyr	luck m		1643					
	31. DATE FILED (Month, Day, Her)	22. REMSTRAR'S SIGN	TURE:		101-					
	FEB 9 1993 9	Charles to the ballion . Bill								

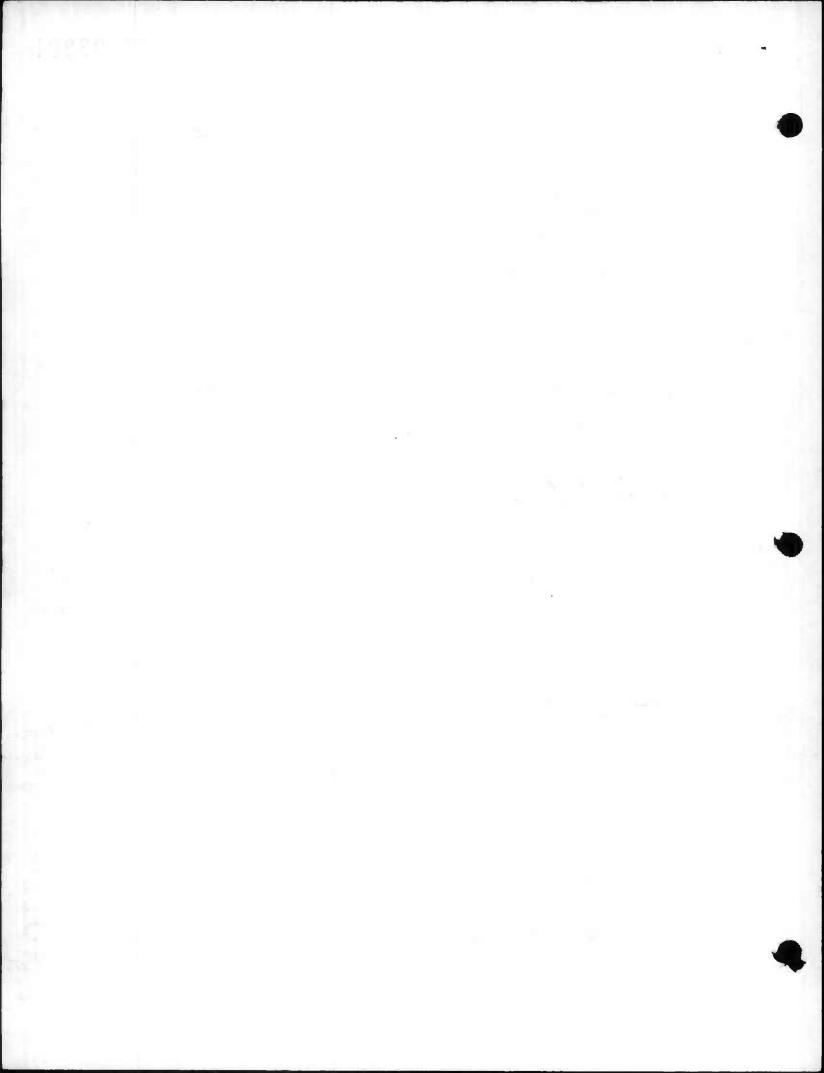
TO BE COMPLETED BY FUNERAL DIRECTOR

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	sig Health	2
requi	een signe of Health	Shows
law requi	as been signed Dept. of Health	23 shows
The law requi	ate has been signate.	tem 23 shows
IAN: The law requi	rtificate has been signer ne State Dept. of Health	or item 23 shows
rysician: The law requi	is certificate has been signifith the State Dept. of Health	ad, or item 23 shows
G PHYSICIAN: The law requi	ar this certificate has been sig-	arked, or item 23 shows
IDING PHYSICIAN: The law requi	After this certificate has been sig- death with the State Dept. of Health	is marked, or item 23 shows
ITENDING PHYSICIAN: The law requi	TOR: After this certificate has been sig- after death with the State Dept. of Health	28 Is marked, or item 23 shows
OR ATTENDING PHYSICIAN: The law requi	MRECTOR: After this certificate has been sig-	em 28 is marked, or item 23 shows
DAL DR ATTENDING PHYSICIAN: The law requi	AL DIRECTOR: After this certificate has been sig and pours after death with the State Dept. of Health	If Item 28 Is marked, or Item 23 shows
SPITAL DR ATTENDING PHYSICIAN: The law requi	NERAL DIRECTOR: After this certificate has been signing 72 hours after death with the State Dept. of Health	NT: If Item 28 Is marked, or item 23 shows
E HOSPITAL DR ATTENDING PHYSICIAN: The law requi	E FUNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dept. of Health	RTANT: If Item 28 Is marked, or Item 23 shows
) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requi	THE FUNERAL DIRECTOR: After this certificate has been signal price within 72 hours after death with the State Dept. of Health	APORTANT: If Item 28 is marked, or item 23 shows
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stations after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the fundamental manager of the first of page 5 should be detached for use a be fled within 72 hours after death with the State Debt, of Health and American prior to be fled within 72 hours after death with the State Debt, of Health and American prior to temoral.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MONTH) Pay 161993

FOR STATE	STATE OF MARYLAI				MENTAL HYG	IENE	
REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH	DAY YE	3. TIME OF DEATH
RUTH Elizabeth	TATE				2	3	93 10 = M
4. SOCIAL SECURITY NUMBER 8.	SEX 8. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	( 0, i	BIRTHPLACE (State or Foreign Country)
207-24-4656	□M2 XF 82		IONTHS DAYS	HOURS MIN.			aryland
Sa. FACILITY NAME (If not institution, give street			Bb. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
Crofton Convalesce	nt Center		Crof	ton		Anne	Arundel
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
	rundel Co.	Crof					1 X YES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2131 Davidsonvil	le Road		1	21114		U	SA:
	. WAS DECEDENT EYER IN L	I.S. ARMED		CENDENT OF HISPAI			RACE American Indian, Black, White, etc.
1 Never Married 2 Married	FORCES? 1 XYES			pecify Cuben, Maxica S 2 📉 NO Specif		3.)	Specify:
3 X Widowed 4 Divorced				44		₩h	ite
15. DECEDENT'S EDUCATION	ON 1	6a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND O	F BUSINESS/INDUST	TRY
(Specify only highest grade com Elementary/Secondary (0-12)		(Give kind of wo	rk done during m retired.)	ost of working			
	college (1-4 or 8+)	Cook /No	i+ 2000		Can	duitab C	han
17. FATHER'S NAME (First, Middle, Last)		Cook/Wa	Tures		ME (First, Middle, M	dwich S	ПОВ
Clarence Moses R	aley					McKenzi	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City of	r Town, State, Zip Co.	de)
Evelyn M. Whitmi	re	1626-4	1 St.	N.W.;	Canton,	Ohio	44709
20a_METHOD OF DISPOSITION 1	from State Sa	PLACE OF DISPOSIT	Ceme	emetery, cremetory or tery		alisbur	
21. SIGNATURE OF FUNERAL SERVICE LICENS				ND ADDRESS OF FA			<u> </u>
114 0	Perman)		Newma	an Funei sbury, I	ral Hom		
23. PART I. Enter the diseases, or com	plicetions that caused	the death. Do no					, Approximata
shock, or heart fellure. List	t only one cause on each	ch line.					Interval Batween Onset and Death
IMMEDIATE CAUSE (Final disease or condition							- 1
resulting in death)	ACUTE R	ENAL FI	nluke				2-30
	DEHYDRATI DUE TO (OR AS A C	0~					3-40
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:				
cause. Enter UNDERLYING	GHSTUENTE	MITIC					1-2 wk
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C		:				,
resulting in death) LAST							
d							
PART II. Other aignificent conditions c	ontributing to deeth bu	t not resulting in	the underlyle	ng cause given in	Part I. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CHRUNIC RENA	of Saime					ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					—   ¹□ ¥	ES 2 ANO	OF DEATH?
POOR ORAL U	ITAKE						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
	☐ Inpetient 2 ☐ ER/Outpe			me 5 🗆 Residence	5 Other (Specif	y)	
27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	JURY AT	28d. DESCRIBE	HOW INJURY OCCUP	REO
1 Natural 5 Pending	(MOTRII, Day, Ibali)	INOC		YES 2 NO			
2 Accident Investigation	28s. PLACE OF INJURY -	- At home, farm, at	reet, factory, off	ice	28f. LOCATION (S	Street and Number or	Rural Route Number
3 Suicide 5 Could not be determined	building, etc. (Specif	y)	,		City or Town,	State)	
29e. CERTIFIER			No. of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State				
(Check only	N: To the best of my knowle						
one) 2 MEDICAL EXAMINER: (	On the basis of exemination	and/or investigation	, in my opinion,	death occured at the	e time, date and ple	ice, and due to the c	cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1,			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, /Day, Year)
	elison, mp			0288		<b>&gt;</b> 2	14/93
0.500			Sul-a)				/ // 10
30. NAME AND ADDRESS OF PERSON WHO C		4 Villa		2000	1015-	- 1 - 2-	
FRANK JACKSON	168	4 VIIIA	of GR	FON	CROSTO	am mb	



uthin	letely fills	emation,	in the n
be executed w	cian and comp	ior to burial, cr	raumatic eve
ath certificate	ittending physic	tal Hygiene pri	r or other tr
quires that the de	signed by the a	Health and Men	IMPORTANT: If item 28 is marked or item 23 shows any injury or other traumatic event the medical available at ourse
IN: The law rec	ficate has been	State Dept. of	r Hem 23 ch
DING PHYSICIA	After this certi	death with the	s marked of
TAL OR ATTEN	VAL DIRECTOR:	72 hours after	If item 28 is
	E FUNER	fled within	PORTANT.
	E HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cer	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer THE FUNERAL DIRECTOR: After this certificate has been signed by the attendin	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlath be filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burlat, cremation, or removal.

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	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AN		YGIENE EG. NO.	9.	3 03892	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	EATH		3. TIME OF DEATH	
1 1	W:	ILLIAM	Α.	(	GREENSR	Janua	ary 2	6,199	3 5:19 am	
	210 10 4114	MS M 2 [ F	(In yrs. last birthday 71 YRS.		AR IF UNDER 24 HR	S. 7. DATE OF E	7. DATE OF BIRTH (Month, Day, Year) 12–17–1921		THPLACE (State or Foreign nitry)	
DIRECTOR	90. FACILITY NAME (If not institution, give street  Memorial Hosp.  RESIDENCE OF DECEMENT				umberla		94	oeath egany		
1 2	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LO	OCATION				10d. INSIDE CITY	
1 6	MD Alle	egany		Cumberl	and				LIMITS?	
FUNERAL	100. STREET AND NUMBER 609 Elm Street				101. ZIP CODE 21502		16	USA	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 7 YES IF YES, GIVE WAR OR I	IN U.S. ARMEO 2 NO DATES	If yes	DECENDENT OF HIS s, specify Cuban, Me YES 2 NO Sp	xican, Puerto Ricar		Bla	CE — American Indian, ick, White, etc.	
								WILL CC		
15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Unknown  15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Tetired Baker  Ort's Bakery  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
교	unknown retired Baker Ort's Bakery								Y	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle	, Malden Surr	name)		
Charles L. Green Mary Jane Dawson										
10	19a. INFORMANT'S NAME (Type/Print)				set and Number or Au					
Mrs. Milared A. Green 609 Ein Street Cumberland, MD 21302								.502		
	20s. METHOD OF DISPOSITION 1 Å Burlai 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	rel from State	b. PLACE AND OAT metery, crematory or Sunset M	enter place)	N(Name of Park	1-29		nberlar		
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N.	23. PART Enter the diseases, prophock, or heart failure. Limited in the condition resulting in death)	S E pt  DUE TO (OR AS	A CONSEQUENCE	not enter the	Paul	such as cardiac	or respirate	ory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL	PERFORMED? MAILABLE PRIOR TO								COMPLETION OF CAUSE OF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000			S. PLACE OF OEATH	(Check only one)				
S		HOSPITAL:    Inpetient 2 - ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 - Residen	ce 6 🗆 Other (Sp	ecify)			
BY PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident treestigation	28s. DATE OF INJURY (Month, Day, Year)	26b. Ti	JURY	INJURY AT WORK?	28d. OEŞCRII	ULMI WOH 3	RY OCCUREO		
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm scify)	, street, factory,	office	281. LOCATIO City or To	N (Street end i	Number or Rura	I Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI								(e) and menner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	M -			29c. LICENSE	NUMBER	29	d. DATE SIGNE	D (Montel, Day, Year)	
TO E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Ty)	oe, Print)	D 35	481		1/2	16143	

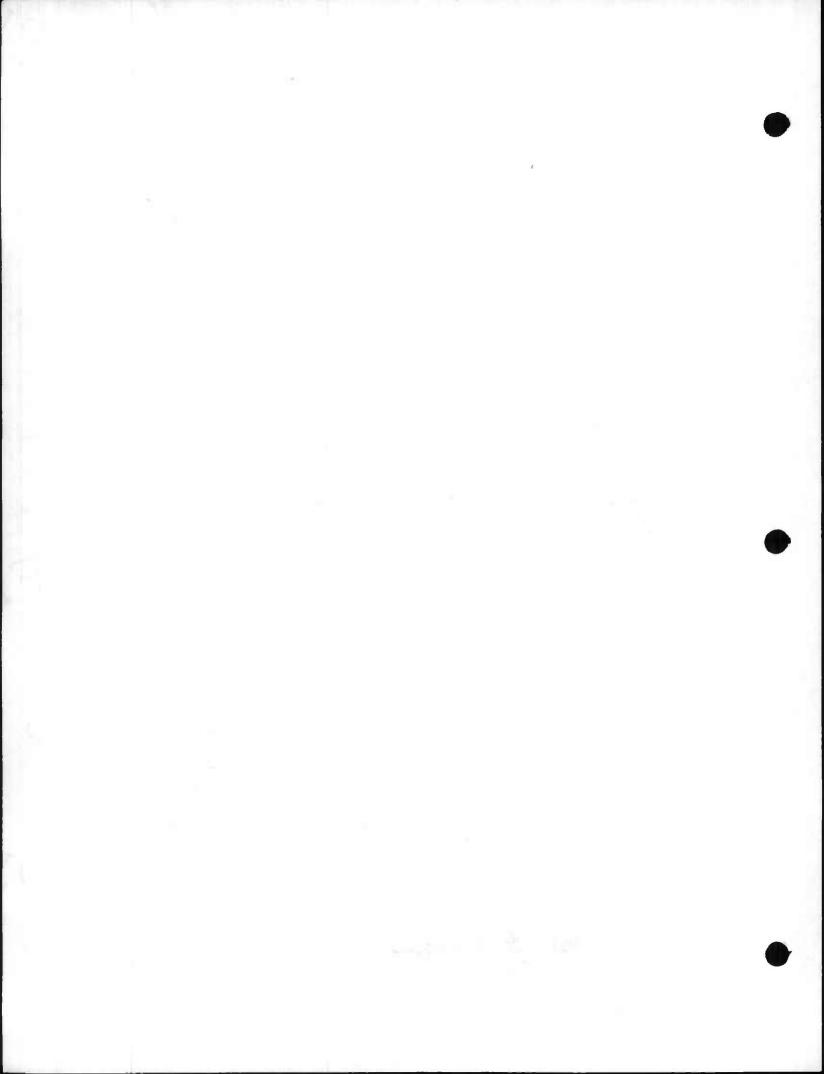
Memorial

Hospital,

Mark Sagin, MD
31. DATE FILEO (MONTH, Day, Mer.)
JAN 2 71993

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Cumberland, MD.

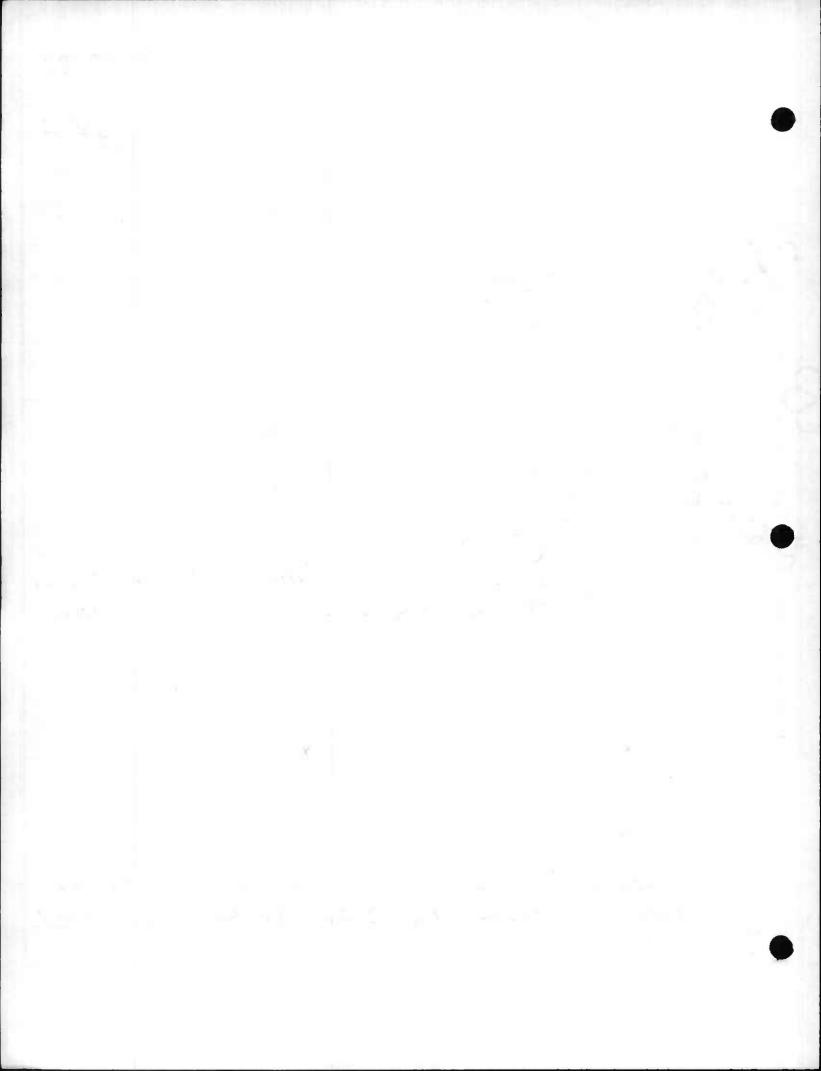


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

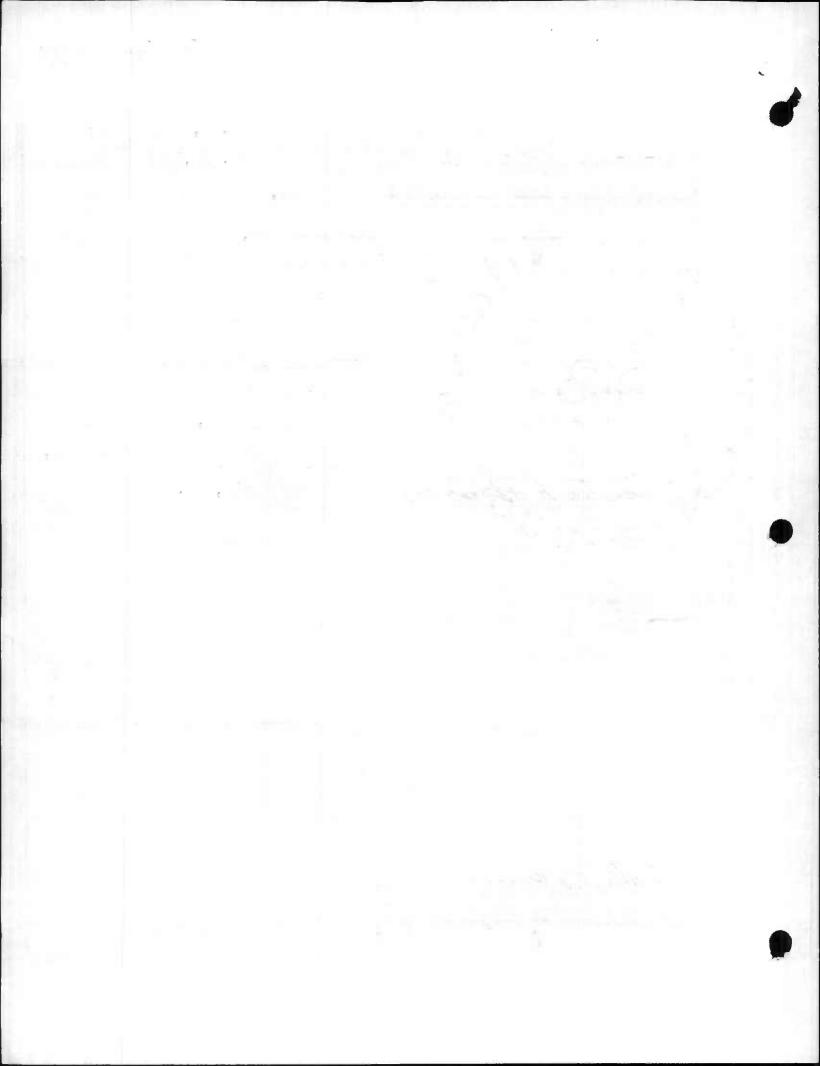
L DIRECTOR
BY FUNERAL
COMPLETED
TO BE
ATION

	1 - STATE OF MARYLAND / D REGISTRAR STATE OF MARYLAND / D	EPARTMENT OF H		NTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)  Virginia Rose	GEORGE		DATE OF DEATH DAY 02 05	93	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  213-42-1026  5. SEX  1 □ M 2XXF  5. 2	VRS. IF UNDER 1 YEAR DAYS	HOURS MIN. 2	Month, Day 1941	e. BIRTI	NPLACE (State or Foreign			
TOR	9a. FACILITY NAME (# not Institution, give street and number)  Dorchester General Hospital RESIDENCE OF DECEDENT	96. CITY, TOWN O	r Location of DEATH	9c. (	Dorc	hester			
DIRECTOR	CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	10c. CITY, TOWN OR LOCAT. WOO]	ford	-	10d. INSIDE CITY LIMITS? 1 YES & NO				
FUNERAL	4739 Harrisville Road	101.	21677	10g.	US				
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, spe	ENDENT OF NISPANIC Of Cuben, Mexican, Pu 2 NO Specify:	RIGIN? (Specify Yea or No erto Rican, etc.)	— 14. RACI Blec Spec	E — American Indian, k, White, etc. White			
COMPLETED	(Specify only highest grade completed) (Give	COENT'S USUAL OCCUPATION kind of work done during most of NOT use retired.)  Homemaker	t of working	16b. KIND OF BUSINESS	INDUSTRY				
BE CO	17. FATHER'S NAME (First, Middle, Last) Alton Bell		Dorind	First, Middle, Melden Sumen la Elms					
2	Gale Simmons P	.O. Box 2	Woolford	Number, City or Town, State I, Md. 216	77				
		odateofoisposition(Naitory) of the Mein . Park							
	+ the Williams	Thom 700	as Funer Locust S	al Home t. Cambri		Md. 21613			
CERTIFICATION	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  COT Fullmonale  Chronicobstructive purnonary disease)  DUE TO (OR AS A CONSEQUENCE OF):  Chronicobstructive purnonary disease)  DUE TO (OR AS A CONSEQUENCE OF):  Tobacco dependence  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Tobacco dependence  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificent conditions contributing to death but not read	uiting in the underlying	ceuse given in Part	I. 24a, WAS AN AUTOP PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YENO								
BY PHY		28b. TIME OF UNUTED HOME WOOD INJURY MODEL TO YOUR MODEL TO YOU WOULD A TO YOU WOULD A TO YOU WOULD A TO YOU WOULD A TO YOU WANTED HOME WOULD AND YOU WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WOULD AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YOU WANTED HOME WAS AND YO	RK?	Other (Specify)  OESCRIBE HOW INJURY	OCCURED				
	2 Suicide 6 Could not be building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
IO BE	290. SIGHATUNE AND TITLE OF CERTIFIED	ハカ	29c. LICENSE NUMBER	7 29d. 1	DATE SIGNED	(Month, Day, Year) 5-93			
	30. MAME AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF DEATH (ITEM 2  AUGUST AND ADDRESS OF THE ON THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAU	organ Street	Cambridge	7 - 2161 Cam 5 r. a	3 pm	drill3			
	FEB - 8'93 Julia Davidson-Pande	92							



BALTIMORE, MARYLAND 21215-0020	after death. Page 8 may be retained by the horonal property physician.	by the funeral director, page 5 should be demonstrated as the burial-transit permit. Pages 1, 2, 3 should moval.	ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the honorist personal properties and personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal personal pers	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be direction use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

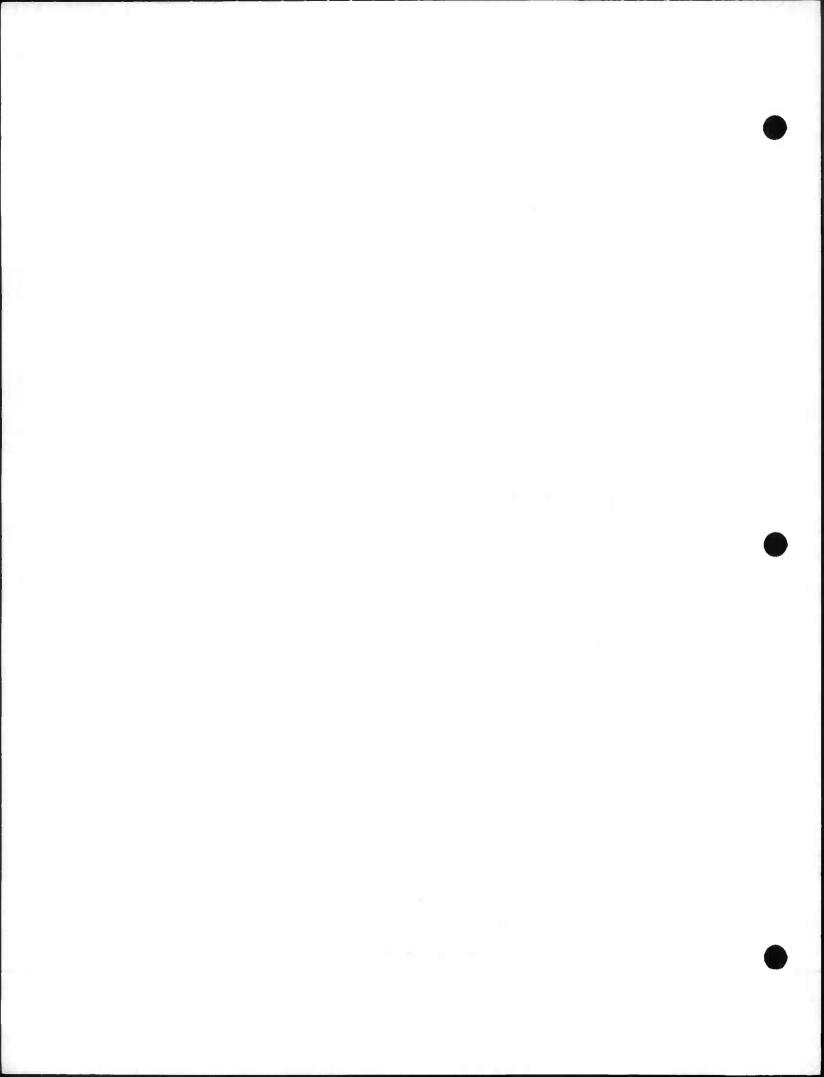
. DECEDENT'S NAME (First, Middle, Las	1)							2. DATE	OF DEATH			3. TIME OF DEATH
	Anna Re	ell Ju	137					Feb		7 99:	YEAR	
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH	199		HPLACE (State or Foreig
232-60-8195	1 M 2 -F	97	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	.190	Count	(ry) WV
a. FACILITY NAME (If not institution, give	a street and number)	1		9b, CITY	Y, TOWN C	R LOCATI	ON OF D	Jan	• 10	3 7 1	NTY OF D	***
arrett County	Momoni	al IIoo	mi dro									
RESIDENCE OF DECEDENT	TIGINOT I	ar nos	pita		Ua	kla	na,				jarı	rett
Ge. STATE 10b. COUN	ITY	- 2	10c. CIT	ry, town o	OR LOCAT	ION						10d. INSIDE CITY
VV	Preston			Но	orse	sho	e Ri	ıın.				LIMITS?
0e. STREET AND NUMBER						ZIP COD				10g. CITI	ZEN OF	WHAT COUNTRY?
General Del	ivery					267	69				US	2 /
1. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORIGIN	? (Specify Y	ea or No-	14. RAC	E — American Indian.
□ Never Married 2 □ Married  ☑ Widowed 4 □ Divorced	FORCES? 1	YES 2 WAR OR DATES	ĕ₩O		If yes, spe 1 YES			nn, Puerto F ly:	lican, etc.)		Spec	ck, White, atc.
15. DECEDENT'S EC		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BI	USINESS/IND	DUSTRY	WILL OC
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of a life. Do NOT us	work done se retired.)	during mo	st of workin	ng	100				
40			Hor	nema	kor					Hor	10	
FATHER'S NAME (First, Middle, Last)				us mia		18. MOT	HER'S NA	ME (First, A	liddie, Meide			
Clark Del	anev								ence			
e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a						Codel	
Frances Sla	nhangh	- 100	8035		dge:					Ohio		44254
A, METHOD OF DISPOSITION	ar day si	20h 81 AC	E AND DATE				ivac			OCATION —		
☐ Burlal 2 ☐ Cremation 3 ☐ Re ☐ Donation 8 ☐ Other (Specify)	movel from State		crematory or o				Cen		3.24			Shoe Run.
SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		1					0			moe hun
				22.	HAME AL	- I w						
Cos two	RIFE	nk	60			x 18	36 I	Davis	s, W	J.		260
3. PART I. Enter the diseases, o	J J	At caused the	death. Do r		Bo:	x 18	36 I	Davis	s, W	J.		260
snock, or heart failure	J J	it caused the use on each II	death. Do r		Bo:	x 18	36 I	avi	s, W	J.		Approximata Interval Betw
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be natified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>		2. DATE	OF DEATH			3. TIME OF DEATH
		Mary Don	Mary Domingos Goulart						February 4, 1993			9:55 A M
	4. SOCIAL SECURITY NUMBER 5.	S. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	T		IPLACE (State or Foreign
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BE C	Antone Dom	ningos				A	meli	a Ca	rdoza			
10 B	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS	(Street of	nd Numbe	or Rurel	Route Num	ber, City or Tow	n, State, Zip	Code)	
F	Amelia L. McConnel	.1	6477	Havi]	land	Mil	l Ro	ad,	Clarks	ville	, MI	D 21029
	20a. METHOD OF DISPOSITION 1   Buriel 2 □ Cremation 3 □ Remova	of from State	0b. PLACE AND DATE	OF DISPOS	ITION (Na	me of		DAT	E 20c. LO	CATION — C	ity or To	wn, State
	4 Donation 5 Other (Specify)		emetery, crematory of o				2/8/			Bedfo		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Y/		22. (	NAME AN	D ADDRE	SS OF FA	CILITY	Robert	A. P	umpl	hrey Funeral
	Michele F.	Sulto	M00348	Ho	ome/l	Rock	vill	e, I	nc., 3 nd 20	00 W.	Moi	ntgomery Ave
	23. PART I. Enter the diseases, or com	nplications that caus	ed the death. Do r	ot enter	the mod	de of dy	Ing, suc	h as can	dlac or respi	ratory arre	est,	Approximate
Į	shock, or heart fallure. Lia IMMEDIATE CAUSE (Final	t only one cause on	each line.									Interval Between Onset and Death
	disease or condition resulting in death)	Cerebr	ovascula	r Acc	cide	nt						
	in death,	DUE TO (OR AS	A CONSEQUENCE O	F):								
Z	Sequentially list conditions b.											
Ĕ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury C	DHE TO (OR AS	A CONSEQUENCE OF	D.								
Ē	that initiated events resulting in death) LAST	302 10 (0/176	A GONGEGOENCE OF	r								İ
E	d											
AL	PART II. Other significant conditions c			n the un	derlying	ceuse	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
8		tion, Eyst	itis						1 - YES 2			COMPLETION OF CAUSE OF DEATH?
ME	Anemia							1				1 TES 2 NO
ä												
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		ОТНЕЯ		ACE OF D	EATH (Ch	eck only o	ne)			
YSI		☐ Inpetient 2 ☐ ER/Ou		4 Nurs	ing Home	5 🗆 Re	sidence		r (Specify)			
H	27. MANNER OF DEATH  1 X Natural 5 Pending	(Month, Day, Year)		E OF URY	28c. INJU WOI	RK?		28d. DE	SCRIBE HOW I	NJURY OCC	URED	
B	2 Accident Investigation					ES 2 [	NO					
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								loute Number,		
9	29a. CERTIFIER			1070 -						141		
COMPLET	(Check only 1 CERTIFYING PHYSICIA One) 2 MEDICAL EXAMINER: C											and manner on stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	//2	verigatio						and proce, an			
BE	Taul Mulet	In mis	)				ense nui 3371					(Month, Day, Year) ry 4, 1993
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Time	Print)		ט.	J J / T				2087	
	Paul T. Wielebinsk				y Vi	llac	ge Av	ve.,	#G14 (			
	31. DATE FILED (Month, Day, Year)							- ,				J
	FEB 05 '93	32. REGISTRAR'S SIG	boamfrodel	2								



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31. DATE FILED (Month, Day, Year)

03 '93

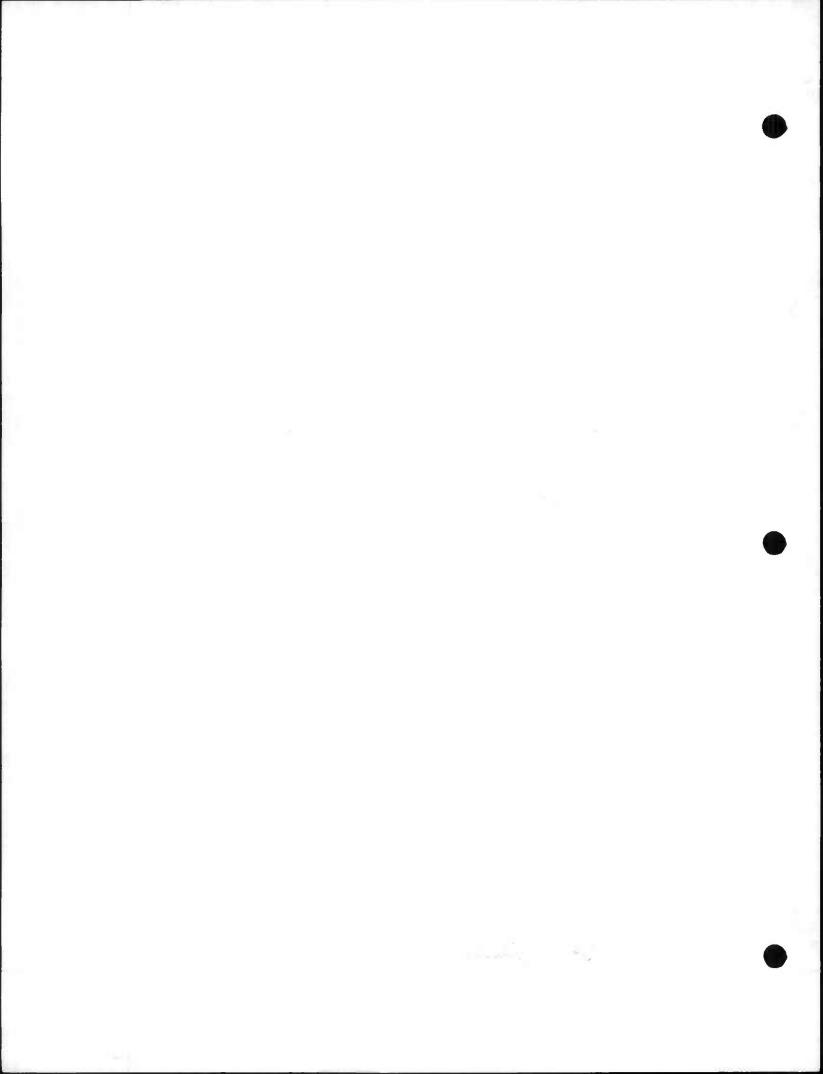
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM ZT) (Type, Print)

60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 way as maintain by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The first has been signed by the burial transit permit. Pay the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MDORTANT if them 28 is marked or them 23 shows any latery or other transmits event the medical eventuals he notified or necessary
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	om 23 chows any Injury or other traumatic a
DIVISION OF VIT	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical to flied within 72 hours after death with the Sta	MPORTANT: If Hem 28 is marked or its

1, 2, 3 should

FOR STATE REGISTRAR 93 03896 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR M. North Grant February 1, 1993 11:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 132-01-5664 1 🔯 M 2 🗌 F 86 July 20,1906 New York Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7012 Bradley Blvd. Bethesda Montgomery RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7012 Bradley Blvd. United States 20817 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 ND 1 Never Married 2 X Married 1 TES 2 XNO Specify: BY 3 Widowed 4 Divorced IIWW White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Industrial Specialist Department of Commerce 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Fritchof Bernhard Grant Frieda Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Winifred S. Grant 7012 Bradley Blvd., Bethesda, Maryland 20817 20a. METHOD OF DISPOSITION
1 🔀 Burial 2 🗆 Cremation 3 🗀 Rem
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Memorial Cemetery 2/5/98 Laurel Hollow, New York 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 Home/Bethesda-Chevy Chase, Inc., M00348 ML Wisconsin Ave., Bethesda, MD 20814-3501 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiorespiratory Arrest DUE TO (DR AS A CONSEDUENCE OF): Severe Chronic Obstructive Pulmonary Disease MEDICAL CERTIFICATION years Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 X NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 ND rsing Home 5 🔯 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 🛚 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED. 4 Homicide COMPL 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE andle 17615 February 2, 1993

Carol L. Bender, M.D. 11510 Old Georgetown Road, Rockville, Maryland 32. REGISTRAR'S SIGNATURE whie Devidour Randell

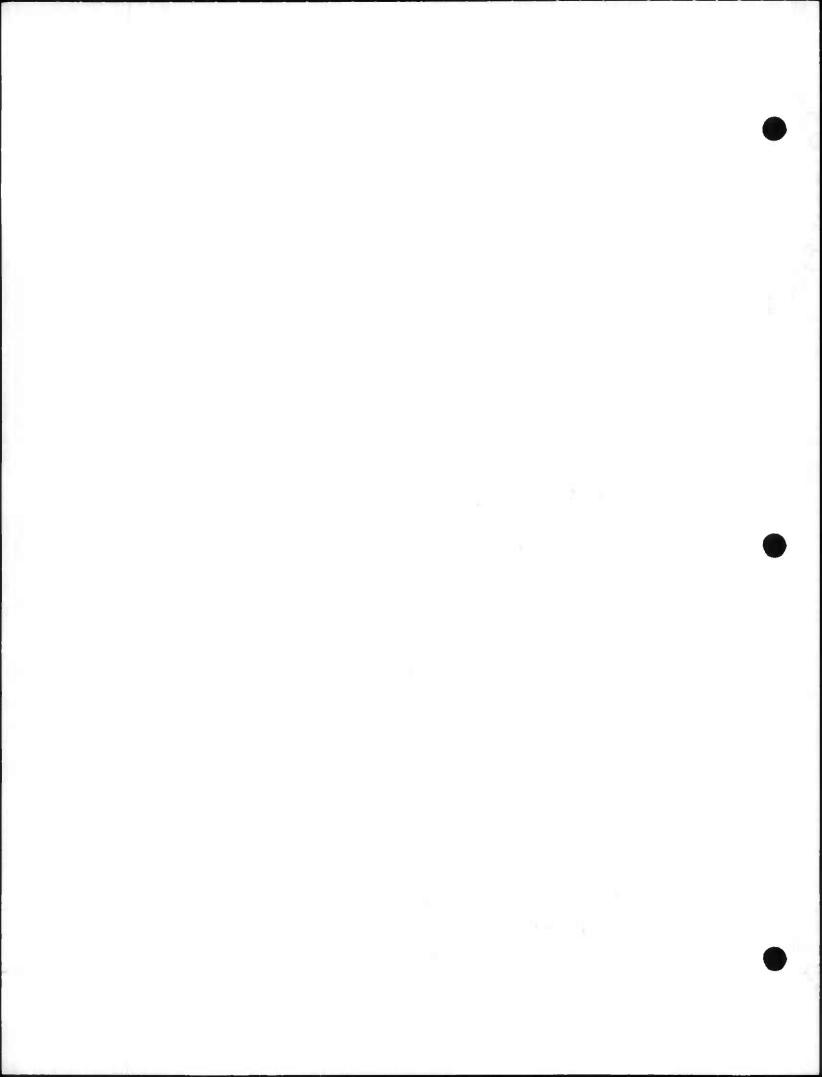


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IU.	TO THE KINEXU. After this certificate has been signed by the attention physician and completely, filled in by the funeral director, page 5 among a territory for use as the burial-transit permit. Provided the state of the permit of the state of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit		
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STATE OF	MARYLAND / DEPARTMENT OF HEALTH ANI	MENTAL HYGIENE
	CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH				
- 5	BETTE	LEE	GREER			JANUARY 3	81, 1993	12:20 A. M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign				
	203-12-4815	1 □ M 2 🟋 6	8 YRS.	MONTHS DAYS	HOURS MIN.			T VIRGINIA				
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	OR LOCATION OF E	EATH	9c. COUNTY OF	DEATH				
0	3504 NIMITZ ROAD KENSINGTON MONTGOM											
EC	SO STATE AND COUNTY											
DIRECTOR	MARYLAND MO	ONTGOMERY		NSINGTO				10d. INSIDE CITY LIMITS?  1  YES 2 NO				
	10e. STREET AND NUMBER	OTTE O OTTE NE	IND		IOT. ZIP CODE		10g. CITIZEN OF					
FUNERAL	3504 NIMITZ	ROAD			2089	95	USA					
5												
ВУ												
	15. DECEDENT'S EDU	O STION		<u> </u>				WHITE				
E I	(Specify only highest grade	completed)	16a, DECEDENT'S (Give kind of life. Do NOT us	work done during .	nost of working	16b. KIND OF BU	SINESS/INDUSTRY					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALES A		E	DEDARG	MINIM OFFI	DE .				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<del></del>			_	AME (First, Middle, Maiden	MENT STO	KE.				
BEO	EVERETT L.	REESE			MILDI	RED PO	F					
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow						
٦	JOHN W. GREER		3504 N	IMITZ R	OAD, KENS	SINGTON, ME	20895					
	20g, METHOD OF DISPOSITION 1 \( \text{\text{M}} \) Burlel 2 \( \text{\text{Cremation}} \) Cremation 3 \( \text{\text{\text{N}}} \) Remarks	oval from State 20b	PLACE AND DATE	OF DISPOSITION	Name of		CATION — City or T	own, State				
	4 Donation Other (Specify)		ATE OF H				ER SPRIN	G. MD				
	21. SIGNATURE OF TUNERAL SERVICE LIC	77 (1)			AND ADDRESS OF F	LINS FUNER	AT HOME	TNC				
	Money	Jr. Woo		,500 U	NIVERSITY	BLVD., W.	, SIL. S	P., MD 20901				
	23. PART i. Enfer the diseases, or of shock, or heart failure.	complications that caused List only one cause on e	the death. Do i	not enter the n	oda of dylng, su	ch as cardiac or resp	Iratory arrest,	Approximata interval Between				
	IMMEDIATE CAUSE (Final	Va .		0 -				Onset and Death				
1	disease or condition resulting in death)	BRAN		CAN	CER			8940				
	1	DUE TO (OR AS A	CONSEQUENCE O	F):								
o No	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	F):								
₹ I	if any, leading to immediate cause. Enter UNDERLYING							j				
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):								
CERTIFICATION	resulting in death) LAST	d										
AL C	PART II. Other significant condition	s contributing to death b	ut not resulting	In the underly	ng cause given in	Part I. 24s. WAS AN	AUTOPSY 24	. WERE AUTOPSY FINDINGS				
<u>გ</u>				,		PERFOR	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC						1 YES 2	No	OF DEATH?				
2						_		1 YES 2 NO				
Ž	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only one)						
S	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)						
到	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. I	JURY AT	28d. DEŞCRIBE HOW I	NJURY OCCUREO					
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, of	ice	281. LOCATION (Street of City or Town, State)		Route Number,				
Ē												
를		CIAN: To the best of my know										
COMPLETED	2 MEDICAL EXAMINE	R: On the besie of examination	and/or investigation	n, in my opinion	death occured at the	time, data and place, an	d due to the cause(	n) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CONTIFIER	1) 1.			29c. LICENSE NU	MBER /	29d. DATE SIGNED	(Month, Day, Year)				
2	David )	Youll			1004	166	2/1	193				
	30. NAME AND ADDRESS OF PERSON WHO  BY DAVIEW ADDRESS 31. DATE FILED (Month, Day, Mar)	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Pring	UT AV S	WINE GOG	00-					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	INGODI	J. M	0 20	895					
	FEB 03 '93	genie Davids	Al Old									
		- 4	The second									

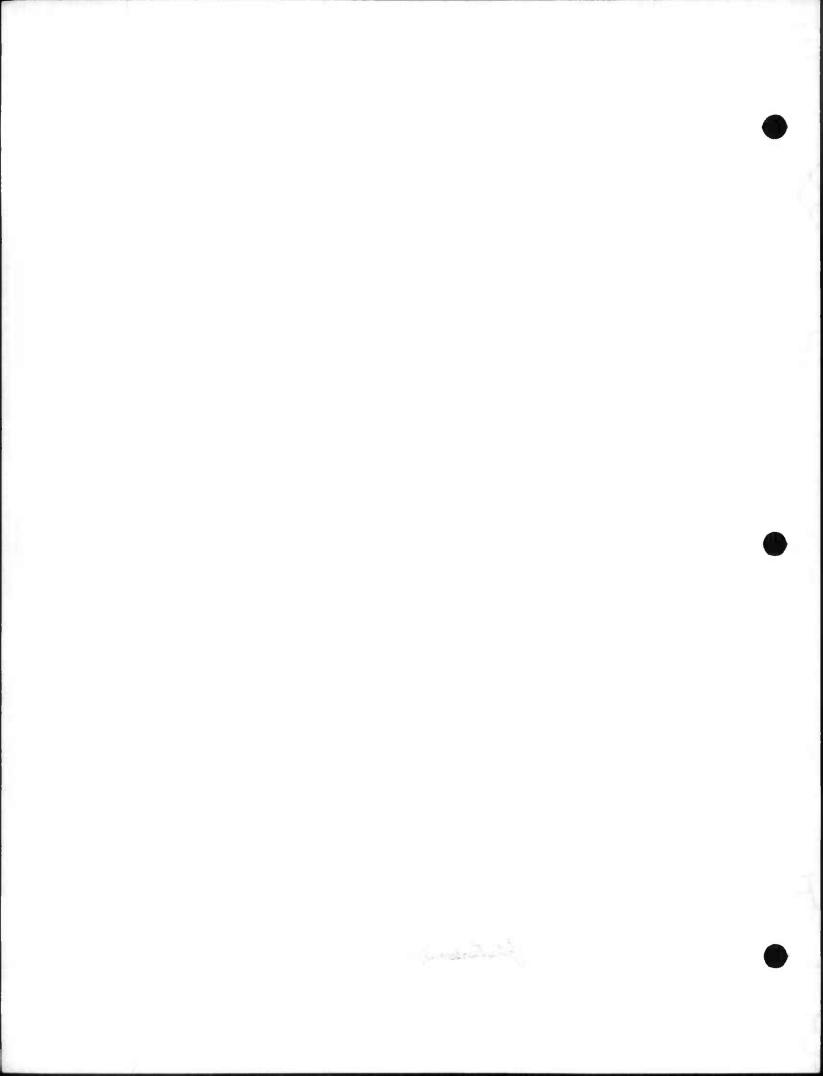


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TO DE COMPLETED BY CHINEDA! DIDECTOR	TO RE COMPIETED BY BHYSICIAN: MEDICAL CERTIFICATION
of examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page a though to trimmed to use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
ter death. Page 6 may be manned by the hospita or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be antimon by the income or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH AND I	MENTAL	L HYGIEN REG. NO.	E 9	3	03898
1	1. DECEDENT'S NAME (First, Middle, Last) Vinodhini	Gurusw	zamv.				¥	MONTH			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirthday)	IF UNDER	1 VEAD	IF UNDER 24 HRS.		Jary 30	J, 19		10:35 A M
	456-45-6023  9a. FACILITY NAME (If not institution, give st	1 🗌 M 2 🔀 F	52	YRS.	MONTHS	DAYS	HOURS MIN.	Dec.	31, Day, Year)		Sri	Lanka
m					9b. CITY		R LOCATION OF DE	EATH		9c. COUN	TY OF DE	ATH
DIRECTOR	Suburban Hospita					Beth	nesda			Мо	ntgo	mery
H	10a. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN (	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
		tgomery		I	Bethe	esda						1 YES 2 K NO
FUNERAL	10618 Montrose	Avenue,	#4			101	20814			1,00	EN OF W	nka
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MEO	13.	WAS DEC	ENDENT OF HISPAN	NIC ORIGIN	17 (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
B	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE V				1 TES	2 NO Specify	y:	rticen, etc.)		Specify	
E	15. DECEDENT'S EDUK		18a. DE	CEDENT'S	USUAL O	CCUPATIO	N	16b.	KIND OF BUS	HNESS/IND	JSTRY	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  S+  Chemical Engineer/Chief  Executive Officer  Clinical Diagnostic  17. FATHER'S NAME (First, Middle, Last)							ostics					
ON	17. FATHER'S NAME (First, Middle, Last)		2341			/1110	16. MOTHER'S NA	ME (First. A			ragn	OSCICS
E C	Julian Christ	das Ch	anmugan				Rosali		Pava	-	nam	Armstrong
00	19e. INFORMANT'S NAME (Type/Print)		194	. MAILING	ADDRESS	S (Street a	nd Number or Rural I	Route Numb	ber, City or Town	n, State, Zip	Code)	
2	Dharmini Guruswam	ıy	10	0618	Mont	rose	Avenue	, #4,	Beth	esda,	Mar	yland 20814
	20a. METHOD OF DISPOSITION t   Burlel 2  Cremetion 3  Remo	and from State	20b. PLACE	ND DATE	OF DISPOS	SITION (Na		2/3/9	1	CATION — (		
	4 Donation 6 Other (Specify)	WHI IIOM STATE	cemetery, cre Montgo		Cre	emato	rium, Ir	nç.	Beti			ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OU	M90831		RC Be	bert thes	A. Pump da-Chevy Bethes	ohrey V Cha	Funer	cal H	ome/ 7557	Wisconsin 4-3501
	23. PART I. Enter the diseases, or o	omplications the	t caused the de	eth Do i	Av	the mo	e, Bethes	sda,	Maryla	and	2081	
	shock, or heart fallure.	List only one cau	se on each line		iot onto	the mo	sa or cymy, suc	11 40 0410	nac or reap	atory arre		Approximate Interval Between Onset and Death
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	GAL	LSTON	E	PAN	JCR	EATIT	15				2 days
2			Mc Cha	A		ς.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC		h:							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Cho	lelith	idsi	5							
E	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
ER	resulting in death) LAST	J										
	PART II. Other aignificant condition	a contributing to	death but not r	esuiting	In the ur	nderlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
									196120			OF DEATH? 1 ☐ YES 2 NO
=												- G
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (Ch	eck only on	16)			
Sic	1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 Residence	8 🗆 Other	r (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJ		28d. DES	CRIBE HOW II	YJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation		2-93	10:3	SAM	1 🗆 Y	ES 2 NO	N	IA			
	3 Suicide 6 Could not be	28a. PLACE C building,	F INJURY — At ho etc. (Specify)	me, farm,	street, fact	tory, office		281. LOC	ATION (Street a	nd Number	or Rural Ro	oute Number,
COMPLETED	4 Homicide determined			114					NIA			
P	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	ed at the t	lme, data	and place, and dua	to the cau	se(a) and man	ner as state	d.	
NO.	one)											and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NUN	WBER		29d. DATE	SIGNED	(Month, Day, Year)
	Nome	) G	12 V	NP			135110			<b>D</b> 0	2 -6	1-93
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	4 27) (Type	, Print)		-					



۱ -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 03899

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		HEGISTHAH		CERTIF	ICATE OF	DEATH	REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH		
		ROBERT  4. SOCIAL SECURITY NUMBER		GEY  (In yrs. lest birthday)	IF UNDER 1 YEAR		<u> </u>	3 93	02.56 P M		
Pin		170 18 0507	13∕2 M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec 13,	1918	RTHPLACE (State or Foreign Duntry) Penna		
3 should	œ	9a. FACILITY NAME (If not institution, give s	200			OR LOCATION OF DE	HTA	9c. COUNTY C			
1, 2,	CTOR	RESIDENCE OF DECEDENT	HOSPITAL			BURNIE		A.A.	COUNTY		
nit. Pages	DIRE	100. SYME ANNE	ARUNDEL	10c. CIT	CROF	NOT			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
n. ansit permit.	IERAL	19. STREET AND NUMBER 1543 CROFTON P	ARKWAY		101. ZIP GOQE 2 1 1 4				10g. CITIZEN OF WHAT COUNTRY? USA		
215-0020 attending physician. ise as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER FORCES? 1 🔼 YES IF YES, GIVE WAR OR E WWII	3 2 NO	If yes, a	ECENDENT OF HISPAN specify Cuben, Maxica ES 2 \(\sum \) NO Specify		or No- 14. R	ACE — American Indian, lisek, White, atc.		
215-0 attending use as the	9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		USUAL OCCUPAT		16b. KIND OF BUS	I INESS/INDUSTR			
D 21 spital or ed for u	COMPLET	Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	D.C.	work done during rates retired.) TRANS I		METRO	DRIVE	R		
at of the	ш	17. FATHER'S NAME (First, Middle, Last) QUINTER GN	AGEY			18. MOTNER'S NA KA	TE MI	Sumame) LLER			
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1 5 m		LEOPOLDINA GNA 200. METHOD OF DISPOSITION			E AS 10						
MORE CONTRACTOR		t Burial 2 St Cremation 3 Rame 4 Donation 5 Other (Specify)	Noval from State	DE TROPOT	LITAN C	REMATOR	Y 1/26/93	ALEX	ANDRIA , VA		
ALTI death. funera	- 47	21. SIGNATURE OF FUNERAL SERVICE LIC	Boh		TAKC	MA FUNE	RAL HOME GTON, D.O	254 C	ARROLL ST		
executed within 24 hours after and completely filled in by the o burial, cremation, or remova natic event, the medical		23. PART I. Enter the diseases, or canock, or heart fellura.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	eDUE TO (OR AS	A CONSEQUENCE O	avely	ode of dying, such		ratory arrest,	Approximate interval Between Onset and Desth		
th certificate be ending physician i Hygiene prior is or other traur	CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF							
e 4 ≥ =		PART II. Other significant condition	a contributing to death i	but not resulting	In the undarlyi	ng ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
ATSLOON OF VITAL RECORD ATTENDING PHYSICIAN: The law requires that the ECTOR: After this certificate has been signed by th s after death with the State Dept, of Health and N 28 is marked, or litem 23 shows any inj	IN: MEDICAL						PERFORI  1   YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?		
N: The N: The State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tpatient 3/200A	OTHER:	PLACE OF OEATN (Che					
NG PHYSICIAN: The feet this certificate sath with the State marked, or Item	РНУ	27. MANNER OF DEATN  1 Natural 5 Pending	1 Inpetient 2 ER/Out	28b. TIM	IE OF 28c. IN	Me 5 Residence  IJURY AT  ORK?  YES 2 NO	8 Other (Specify)  28d. DESCRIBE NOW IN	JURY OCCURED	,		
DR ATTENDING DIRECTOR: After hours after death tem 28 Is mai	тер ву	2 Accident Investigation 3 Suicida a Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, e			2af. LOCATION (Street a: City or Town, State)	nd Number or Au	ral Route Number,		
<b>₹</b> ₹ ₹	COMPLETE	2 MEDICAL EXAMINE	CIAN: To the best of my know						ee(a) and manner as stated.		
TO THE HOSPI TO THE FUNEF be filed within	TO BE	200. SIGNATURE AND THEE OF OUTSTHEE	and Ra	0		29c, LICENSE NUM	PER PU	29d. DATE SIGN	IED (Month, Day, Year) 4 (23		
	F	30. NAME AND ADDRESS OF PERSON WHO DAVID KRIMINS, M				IS, MARYL	AND 21401				
		31. DATE FEB (MOT. P. 93	gove the se	MATUR		,					

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2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Lillian Н. Groves 2:15 AM w 26 01 93 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 X F7 () 180-16-7081 7() YRS. 12/22/22 P.A permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Elktons Union Hospital Cecil **Elkton** 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Cecilton 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? inial-transit Box 446 21913 A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced ğ White AD. COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) ge (1-4 or 5+) hours after death. Page 6 may be retained by the hospital detached 2. Teacher Public School System 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Earl Hoffner page 5 should be Pauline Smith BE notifiled 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 James Oliver Groves Box 446 Cecilton, Maryland pe 20s. METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Re
4 | Donation 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 2350 must director, competery, cremetory or other place)
Zion United Methodist Cem. 93 Cecilton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Fellows Funeral Homes, P.A. William L. King Cecilton, Maryland the or removal. event, the medical 23. PART I. Enter the diseases, or complications that cause this certificate has been signed by the attending physician and completely filled in by with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remo d the seath. Do not enter the mode of dying, such as cardiac or respiratory arrest, each line. Approximate shock, or heart fallure. List only one cause on Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) within WE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION TO (OR ASIA CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 2 DUE TO (OR AS A CONSEQUENCE OF): certificate CAUSE (Disease or Injury other that initiated events resulting in death) LAST 0 death ( PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO requires that the any COMPLETION OF CAUSE 1 YES 2 -NO shows ; 1 TYES 2 NO PHYSICIAN: 0 an item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) ATTENDING PHYSICIAN: 1 YES 2 KING Itlent 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide Hem HOSPITAL OR 29s. CERTIFIER

There and 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Ξ 2 MEDICAL EXAMINER: On the basis of a TO THE HOSPITA
TO THE FUNERA
De filed within 7. gion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1/29/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D06181 9 721 Bridge Street, Elkton, MD JOSEPH G. LANZI, M.D. 21921 JAN 29 93 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest)  Karl Joseph	Gunzer				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	1993	BIRTHPLACE (State or Foreign								
- 3	124-22-8699	1√2 M 2 □ F 6	2 YRS.	ONTHE DAYS	HOURS MIN.	(Month, Day, Year) Oct. 21 1	New York				
_	9e. FACILITY NAME (If not institution, give			b. CITY, TOWN C	R LOCATION OF D		-	Y OF DEATH			
СТОВ	1712 Nimitz Drive Annapolis Anne Ar										
DIRECTOR	MD 106. COUNT Ann	r ne Arundel	10c. CITY, 1	Annar				10d. INSIDE CITY LIMITS?  1.27 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1712 Nimitz Driy	re		101	2140		n of what country? ed States				
BY FUN	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D			ecify Cuben, Mexico	NIC ORIGIN? (Specify ) an, Puerto Ricen, atc.) fy:	fee or No — 14	4. RACE — American Indian, Black, White, etc. Specify: White			
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S US			16b. KIND OF 8	USINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	etired.)							
MP		4	Owner - (	Operato	r	Rest	aurant				
8	KO20   C120 F O20										
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street e	nd Number or Rural	Route Number, City or To	own, State, Zip C	ode)			
유	Ellen Gunzer		1712 N:	imitz D	rive Ar	nnapolis,	MD 214	01			
	20e. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Ram  4   Donation 6   Other (Specify)	toval from State Cer	PLACE AND DATE OF I	r place)	me of			y or Town, State			
1	21. SIGNATURE OF FUNDRAL SERVICE LI	CENSSE	alvary Ce	22. NAME AN	ID ADDRESS OF FA	CHITY Taylo	rkimer	New York			
	Jeffy L.	Tayh		147 Du	ke of Gl	Loucester	St. An	napolis, MD			
$\Box$	23. PART I, Erner the diseases, or	complications that cause List only one cause on a	d the death. Do not	anter tha mo	de of dying, suc	ch se cardiac or res	piratory arres	it, Approximate			
	IMMEDIATE CAUSE (Final							Interval Between Onset and Death			
	resulting in death)	S. TPSPITS	CONSEQUENCE OF	rest			_	minutes			
N	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  5 multiple for the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o										
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FR	resulting in death) LAST	d									
	PART ii. Other significant condition	ns contributing to deeth b	out not resulting in t	the underlying	I Causa given in	Part I 24a WAS A	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL					given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC					·	1 TYES	2 110	OF OEATH?			
ä								1 123 2 0 10			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outs		THER:	5 Tesidenca	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH  1 V Natural 5 Pending	(Month, Day, Year)	26b. TIME O	Y WO	RK?	28d. DESCRIBE HOW	INJURY OCCU	RED			
	2 Accident Investigation	26e. PLACE OF INJURY	- At home form etco		ES 2 NO	201 1 00171011 (011)					
TEO	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spe-	offy)	es, rectory, direct		261. LOCATION (Stree City or Town, Stat		Hural Houle Number,			
COMPLETED		ICIAN: To the best of my know						ceuse(a) end manner ee stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)			
TO B	1. Towaming				D3261	9	► 21	4193			
ř	30. NAME AND ADDRESS OF PERSON WH Nicholas Tayani,	M.D. 705 M	elyin Aver		03 Anna	polis, Ma	ryland	21401			
	31. DATE FILEO (Month, Day, Year)	32 Julia Davido	ATURE Pandable			- 1	¥				

YEAR

3. TIME OF DEATH

10:50 P.M

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH DAY Jan. 21, 1993

FOR STATE REGISTRAR

Nora

1. DECEDENT'S NAME (First, Middle, Last)

Gillingham

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		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 Y	EAR IF	F UNDER 24 HRS.	7. DATE O	F BIRTH	1,7,0	BIRTHPL	ACE (State or Foreign
		218-01-4059	1 🗌 M 2 👺 F	80	YRS.	MONTHS D	MYS HO	OURS MIN.	(Month,	Day, Year)	1913	Country)	
3 should		9s. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	OWN OR L	OCATION OF D		10,	9c. COUNT		yland
	5	At Home Box 4	2		i	Cle	ment	S				Mary	
1, 2,	CTO	RESIDENCE OF DECEDENT											
Pages	DIREC		Mary's		100	, TOWN OR		4					d. INSIDE CITY LIMITS?
mit.		Maryland St.	. Mary's			lemen	_						YES 2 NO
at per	ERAL						10f. ZIF	20624				U.S.	T COUNTRY?
-trans	FUNE	Box 42	12. WAS DECEDEN	T EVED IN II S. A.	PMED	12 144	e DECEND	DENT OF NISPA		MM W			
as the bunal-transit permit. Pages 1,	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	MAR OR DATES		If y	es, specify YES 2	y Cuban, Mexico	in, Puerto Ri	(Specify Yea ten, etc.)	or No	Black, W	American Indian, Thite, arc. White
Se as	ED	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCCL	JPATION	f undring	16b, I	UND OF BUS	SINESS/INDUS	TRY	
for use	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of w e. Do NOT us			working					
ched	MP	8th Grade			Hous	sewife	3			Ho	me		
e detach	8	17. FATHER'S NAME (First, Middle, Last)					18.	. MOTNER'S NA				-	
ed be	BE	Frank  190, INFORMANT'S NAME (Type/Print)	Hai	mson				Mary		rance			eney
5 should be detached notified at once.	2	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET	ala ano	11				Number or Rural				ode)	
be T		William G. Gillin 209 METHOD OF DISPOSITION	gnam	200 20 200				ts, Mar					
director, page er must be		1 Donation 5 Cother (Specify)	oval from State	cemetery, or	AND DATE O	har place)	ON (Name o	Com	1 /25 /	20c. LO	CATION - CIT	y or Town,	Maryland
dire		21. SIGNATURE OF FUNERAL SERVICE AN	CENSEE .	jst. P	auis	122. NAI	ME AND A	ADDRESS OF FA	T/ZD/	ър тес	marut	OWII,	Marytano
e funeral dir		Lateral A	Gum					gley-G		er Fur	neral :	Home	, P.A.
oval.		- CAN-4 111-	The same	ne		Р.	0. B	30x 270	Leon	ardto	wn, MI	). 20	650
ed in by the or removal. medical a		23. PART I. Entar the disesses, or shock, or heart failure.	complications the List only one cer	it coused tha di use on each lin-	aath. Do n e.	ot entar th	a mode	of dylng, suc	h ss cardia	c or respi	ratory srres	t,	Approximata interval Between
y filled flog, o		iMMEDIATE CAUSE (Finel disease or condition	1/1.	10 0	10.	1.							Onset and Daa
completely fille ial, cremation, event, the		resulting in death)	. Mul	Pole	VU	yelun	ma						
and comp burial, cr atic eve		_		fun 2a		j:							
ician and completel for to build, crema raumatic event,	CATION	Sequentially list conditions,		(OR AS A CONSE		):							
iciar	AT	if sny, laading to immediata cause. Enter UNDERLYING											
100	Ĕ	CAUSE (Disesse or Injury that Initieted events	DUE TO	(OR AS A CONSE	OUENCE OF	):							
1	CERTIFI	resulting in death) LAST	d										
M.		PART II. Other significent condition	s contributing to	death but not	requiting is	the unde	elulaa oe	auga alwaa ia	Bort I	4s. WAS AN	ALEROBAN		RE AUTOPSY FINDING
1	MEDICAL				recounting in	ine ande	ilying co	ouse given in		PERFOR		AWA	AILABLE PRIOR TO MPLETION OF CAUSE
been signed or, of Health S shows as									-	YES 2	9-110		DEATH?
as been signer. Of Hear									- 1			1 [	YES 2 NO
De De	IAN:	25. WAS CASE REFERRED TO MEDICAL					28 PI ACE	E OF DEATH (Ch	eck only one				
DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or item	Sici	EXAMINER?	HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHER:		-		S#-)			
certific the	PHYSIC	27. MANNER OF BEATH	28s, DATE OF	INJURY	28b, TIME	OF 28	c. INJURY	AT Residence			NJURY OCCU	RED	
r this h wit	ВУР	1 Natural 5 Pending	(Month, E	Pay, Year)	ILMI		WORK?	2 NO					
JOR: After this cafer death with 28 is marked,	0 8	2 Accident Invastigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — AI he	ome, term, s	trast, factory,	office		28f. LOCAT	ION (Street a	nd Number or	Rural Route	Number,
s afte	W	4 Homicide determined		oral (apoony)					City or	Town, State)			
TO THE FUNERAL DIRECT be filed within 72 hours IMPORTANT: If Item 2	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	my knowledge, de	eath occurre	d at the time.	, date and	place, and due	to the cause	e(a) and man	ner as stated.		
ERAL In 72	₩ 0	one) 2 MEDICAL EXAMINE											d manner as stated.
HTAN	Ü	296. SIGNATUPE AND TITLE OF CERTIFIE	R				290	c. LICENSE NUI	MBER		29d, DATE S	IGNED (Mc	onth, Day, Ybar)
N File	00	youngene h	- L	0				709	1157	9	<b>&gt;</b>	1/25	182
-0=	29	MI NAME AND AUDHESS OF PERSON WH		SE OF DEATH (ITE	М 27) (Туре,	Print)			1 / (	1			11)
		Youngsik Moon, N		llywood	, Mar	yland	2	0636					
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	delle								
150		JAN 25 '93	funa vai	Taron - 1/2.1									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retirent by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	De hied within 72 hours after death with the state Dept. of nearth and mental hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT	OF F	EALTH DEAT	AND N	MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last) Linda Jean (							2. DATE MONT	OF DEATH	w .	YEAR	apprx 5
4. SOCIAL SECURITY NUMBER 220-66-5947		AGE (In yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN,		OF BIRTH		Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give			9b. CITY	, TOWN	OR LOCATIO	N OF DE	ン ATH	21	54 9c. COUNT	Y OF D	EATH
751 Gist Road			We	stm	inst	er			Car	ro.	11
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN (	OR LOCAL	ION						10d, INSIDE CITY
MD Ca	arroll		We	stm	inst	er					LIMITS?
10e. STREET AND NUMBER				-	. ZIP CODE				10g. CITIZE	N OF W	THAT COUNTRY?
751 Gist Road					211	57			US	5	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO		If yes, sp	ENDENT OF	n, Mexican	, Puerto I	I? (Specify Yer Rican, etc.)	or No-	Speci	- American Indian, White, etc. y: white
15. DECEDENT'S EDI (Specify only highest grad	ICATION e completed)	16a. DECEDENT'S	work done			g	16b	KINO OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u		-1-	10		Ι.	7-7 -	1		3
17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Substi		e .:				OUDII.		100.	l system
Byron Kennet	h Buller	s. Sr.			2000 17110			Jean		17	1
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street a	nd Number	or Rurel A	oute Numi	ber, City or Tow	n, State, Zip C	ode)	
Denny Gill		751	Gis	t R	oad.	We	stmi	inste	r. M	) '	21157
20a. METHOD OF DISPOSITION  1. Burlal 2 Cremation 3 Ran	noval from State	20b. PLACE AND DATE cegnetery, crematory or p	of DISPOS	SITION (No	me of	2/7	DAT	E 20c. LO	CATION — CH	ly or To	wn, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Manchest Manchest	er.	LUT.	nera	n Ce	em.	M	anche	st	er, MD
Robert K.		Sr.		Pri	tts	Fune	eral	l Hom			pel inster.
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	b. Porler C DUE TO (OI	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A	exas	Vat	ic (	5 L	wer				2 day
PART II. Other significant condition		peth but not resulting	in the ur	nderlyin	g cause g	iven in l	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHE	R:	ACE OF DE						
27. MANNER OF DEATH	28s. DATE OF IN.	JURY 28b, TIN	E OF	28c. INJ	e 5 ⊠ Re	ardence (		CRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		Q M		RK? (ES 2 D	NO		W0	ne		
3 Suicide 6 Could not be datermined	26e. PLACE OF II building, etc		street, fect	lory, offic	•			ATION (Street a or Town, State)		Rural A	oute Number,
		/ knowledge, death occurr									and manner as state
296. SIGNATURE AND TITLE OF CERTIFIE	a MD	, Dhijore	ian		29c. LICE	72	38		29d. DATE 5	SIGNED	(Morith, Day, Ybar)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM 27) (TYPE  SOUTH STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE	Print)	On	colog	y (	ente	V, BA	170 N	DN	
2 5 93 FFB O	32. REGISTRAR'S	SIGNATURE Surids	n-7B	ndell							

TO THE HOSPITAL OR APPOINT TO THE FUNERAL DRR CTURE be fied within 72 hour IMPORTANT; If Item 28

1 -	FOI ST/ REG		RAR
1.1	DECEC	ENT'	S NAI
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DI	EATH DAY	,	YEAR	3. TIME OF DEATH
1	Milton		Louis	5		Gov	er.	Sr.		Februa			993	5:00 P M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BU	erru.		6. BIRTH Counti	PLACE (State or Foreign
	218-03-538	34	1 📉 M 2 🗌 F	84	YRS.	WONTHS	DATS	ноона	Miles.	Jan. 2	25,	1909	Ma	ryland
_	9a. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF D	EATH
P 0	Rt. 1 Box 1	.06 Whi	te Point	Road			Le	onard	ltown	מ		St	. Ma	ary's
딥	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
HIG I	Md.	Bal	timore			Luth	ervi	lle						LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER		vay Ave	South			10	1. ZIP COOL	093			10g. CIT		WHAT COUNTRY?
N N	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S. AF	RMED	13.				IIC ORIGIN? (Spe		or No—	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 3 Widowed 4 Divo			MAR OR DATES	NO			2 NO		n, Puerto Rican,	, atc.)			"y: White
윤	15. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)	(G	ECEDENT'S	work done	during me	ON ost of working	ng	16b. KIND	OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	3-12)	College (1-4 or 5		lecha:		)			Co	nsti	ruct:	ion :	Equipment
BE CON	17. FATHER'S NAME (Flost, M Jef1	liddie, Last) ferson	Gover							ME (First, Middle, 1 Hanna		Surname)		
TO B	190, INFORMANT'S NAME (I	ype/Print) rraine	Gover							Route Number, Ch uth, Lu				Md. 21093
	20a METHOD OF DISPOSIT 1. Burlel 2 Crematic 4 Donation 5 Other		oval from State	20b. PLACE officer po Sat	of DISPO	Chu	rch	metery, crer Cem. (	natory or 02/0					own, State , Md.
	21. SIGNATURE OF SUNESY	L SERVICE LIC	SPISEE 1			22		ND ADDRE			M	1		21117
	D + + +-		1				uneral terstow			Owin	gs Mills, Md			
	23. PART I. Enter/the d		omplications the			not ente								Approximate interval Between
	IMMEDIATE CAUSE (FI		Λ			05								Onset and Death
ļ	disease or condition resulting in death)	<b>→</b>	. /-	O (OR AS A CONSE			en	021	-					
		_	P				1	01	1.	POST	d	0		i l
CERTIFICATION	Sequentially list condit		DUE TO	OR AS A CONSE					,		()	,		
S	cause. Entar UNDERLY CAUSE (Disease or Inju	ING	c											
E	thet initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	OUENCE C	P):								1
Ä	resulting in datiny EAC		d											
	PART II. Other significa				resuiting	in the u	ınderiyir	ng cause	given in	Part I. 24a.	WAS AN		240	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	- 5	P	CAB	2						1 [	YES 2			COMPLETION DF CAUSE DF DEATH?
ME											-			1 TES 2 NO
ż														
CIA	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF E	DEATH (Ch	neck only one)				
YS	1 NYES 2 NO		1 Inpatient 2	☐ ER/Outpatient	_	4 🗆 Ns	irsing Ho		esidence	6 Other (Spe				
3Y PH	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF IJURY M	W	JURY AT ORK? YES 2 [	□ NO	28d. OEŞCRIB	BE HOW IF	NJURY OC	CURED	
COMPLETED BY PHYSICIAN:	0 0 0 1 14	Could not be determined	26e. PLACE building	OF INJURY — At h i, etc. (Specify)	ome, farm,	street, fa	ctory, offi	ce		261. LOCATION City or You	N (Street a wn, State)	nnd Numbe	or Aurai	Route Number,
PLE	Critical Office	TIFYING PHYS	CIAN: To the best of	of my knowledge, d	leath occur	red at the	time, det	a end plec	e, end dus	to the cause(e)	end men	iner ee ati	rted.	
Š	one) 2 MED	DICAL EXAMINE	R: On the basis of	examination and/or	Investigati	lon, In my	opinion,	death occu	red at the	time, date end	place, en	d due to t	he cause	(e) and manner ea stated.
BE	296. SIGNATURE AND TITL	E OF CERTIFIE	R						ENSE NU			29d, DA	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS C	E DEDOON WITH	O COMPLETED CA	UN ()	EM 270 /#-	na Belinah			014	CYS			人 -	7-13
	William D		, II, M.	D.		Leor	nard	town,	. Mar	ryland	206	50		
	31. DATE FILED (Month, Day)		32 REGISTA	AR'S SIGNATURE	indess									

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TO THE HOSPITAL OR ATTENDING THE SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIFFERM And the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	De filed within 72 hours are the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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1. DECEDENT'S NAME (Firs	d. Middle, Last)				ICATE OF			REG. NO			3. TIME OF DEATH
Dareen J									93	YEAR	9:37 p M
4. SOCIAL SECURITY NUM 213 72 474		5. SEX	6. AGE (In yrs. les 78	et birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2 20 1		Countr	PLACE (State or Foreign
PROSTBURG					Ph. CITY, TOWN		DN OF DE			ITY OF D	
RESIDENCE OF DE	10b. COUNT	Y		10c, CIT	Y, TOWN OR LOCA	TION					10d, INSIDE CITY
MARYLAND  100. STREET AND NUMBER		EGANY		BC	WLING	GREE			I son CITI	ZEN OF W	LIMITS?  12 YES 2 NO  WHAT COUNTRY?
12719 CR	ESAP S	STREET				215			U		
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Div	] Married	12. WAS DECEDEN	YES 2 XI		If yes, sp	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		14. BACE	— American Indian, , White, etc.
15. DE (Specify or	CEDENT'S EDU	CATION completed)			USUAL OCCUPATE		907	166. KIND OF BU	SINESS/IND	USTRY	WILLE
Elementary/Secondary (	[0-12]	College (1-4 or 5 -	+) #fe	. Do NOT us	ee retired.) EWIFE			OWN	HOM	E	
17. FATHER'S NAME (First, I	Viddle, Last)					18. MOT	NER'S NA	ME (First, Middle, Maiden	Surname)		
ALFRED  190. INFORMANT'S NAME (		ON MASO		h MAILING	ADDRESS /Street		FIE	MAY  Noute Number, City or Tow	BAKI		
VIOLET BO					EY ROAL			ERLAND, N			2
20a, METHOD OF DISPOSIT 1 A Burial 2 Crematil 4 Donation 5 C Other	TION ion 3 - Rem or (Specify)	oval from State	20b. PLACE cemetery, cre ROSE		OF DISPOSITION (Nather place) L CEMET	ame of		DATE 20c. LO	CATION —	City or To	
21. SIGNATURE OF FUNERA	AL SERVICE LIC	DENSEE H	afes	,	22. NAME A HAFI	R C	HAPI	EL OF THI	E HII	LLS	MORTUARY MD 21502
23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)	neart fallure.	List only one cau	ise on each line	0.				EST NFARC			Approximate Interval Between Onset and Death
Sequentially list condi- if any, leading to Immi- cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS		DUE TO  C. OL R TO  DUE TO	(OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSEC	OUENCE OF	TIC C	ARJ	Diole	as cula	HE DI	sea	SE.
PART II. Other signific	ant condition	a contributing to	death but not a	reaulting i	In the underlyin	g cause (	given in	Part I. 24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
UARO	11D K	RICKY									1 TES 2 NO
25. WAS CASE REFERRED EXAMINER?		HOSPITAL				ACE OF D	EATH (Ch	ick only one)			1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:	The second	DOA	OTHER: 4 Nursing Non	e 5 □ Ra		6 Other (Specify)			1 _ YES 2 _ NO
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.	INJURY ey, Year)	DOA 286. TIM	OTHER: 4   Nursing Non E OF   28c. IN. IURY   WC   1	URY AT PRICE 2 C	sidence	6 Other (Specify) 28d. DESCRIBE HOW I			
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25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 OF DEATH  2 Accident  3 Suicide 6 OF DEATH  4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Inpetient 2  28e. DATE OF (Month, Date of the property) 28e. PLACE Discussion of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post	INJURY ey, Year)  FINJURY — At he atc. (Specify)  my knowledge, de	286. TIM	OTHER: 4   Nursing Non E OF   28c. IN. FURY   M   1     street, factory, office ad at the time, data	URY AT HK? YES 2 and place	ND ND	6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street	and Number	or Rural R	ioute Number,
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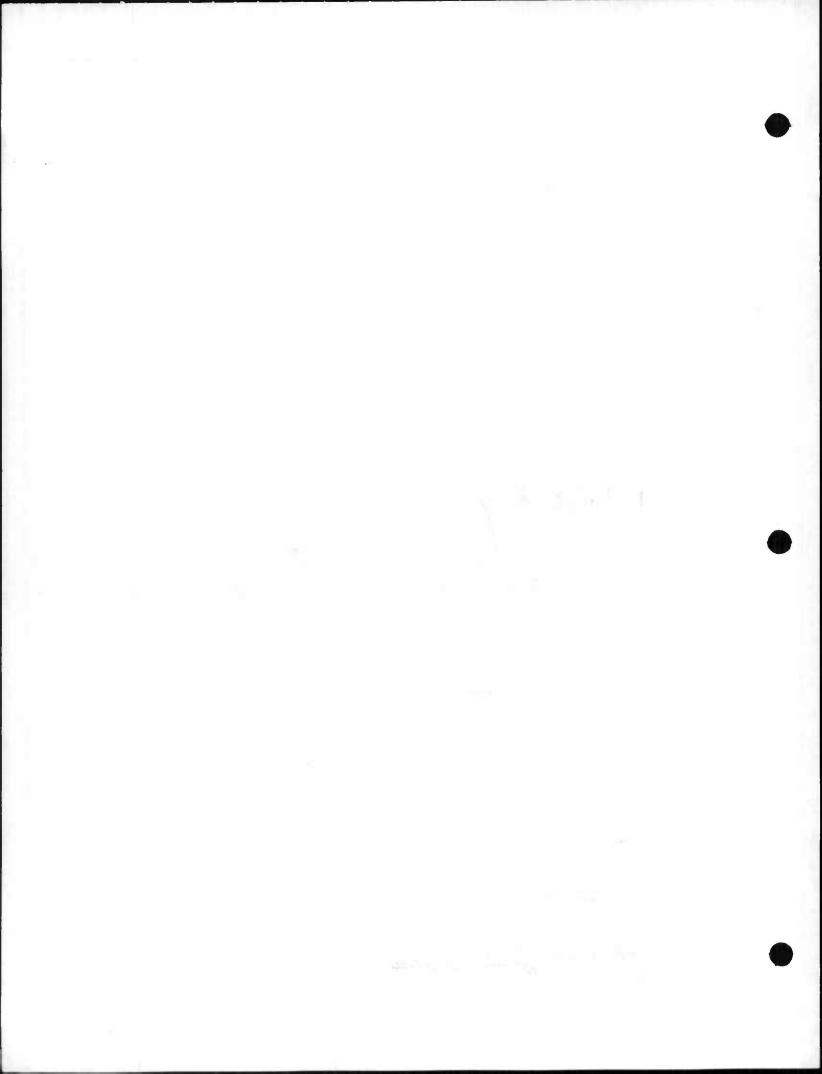
	1 - FOR STATE REGISTRAR	STATE OF MA			RTMENT				MENTA	AL HYGIEN	_		
- 1	1. DECEDENT'S NAME (First, Middle, Lest)									E OF DEATH			3. TIME OF DEATH
1	WILLIAM	E	HE	NDRA					MON	TH I	MY	PASY	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.		uary .	18, 1		5:10 P M  IPLACE (State or Foreign
9	217-10-4962	1 M 2 D F	84		MONTHS	DAYS	HOURS	MIN.	(Mor	th, Day, Year)	000	Count	ry)
1	9a. FACILITY NAME (If not institution, give stre		04		01 07774					. 22 1			Md.
Œ							OR LOCATION	ON OF DE	EATH			NTY OF E	
5	Memorial Hospital				Cur	nber	1and				A	11eg	any
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Md Alleg	any		R.	arton								LIMITS?
۲	10e. STREET AND NUMBER	any		I Do	ar cor	_	. ZIP CODE	E			10a, CIT	IZEN OF 1	WHAT COUNTRY?
FUNERAL	Box 5						215	521			111	US	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. 1	MAS DEC			NIC ORIG	IN? (Specify Ye	a or No		F _ American Indian
	1 Never Married 2 XMarried	FORCES? 1 [		NO	1	yes, sp	ecify Cubs	n, Mexica	in, Puerto	Rican, etc.)			E — American Indian, k, White, etc.
В	3 Widowed 4 Divorced	11 123, 0172 194	ON DATES		1.	∐ TE3	2X NO	Specin	у:			Spec	₩: White
G	15. DECEDENT'S EOUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16	b. KIND OF BL	ISINESS/INC	DUSTRY	
ᄪ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	Do NOT us	work done o se retired.)	luring mo	st of workin	NG.					
릴	Unknown		Car	pente	er/ C	elai	nese	Emp		Cellu	lose	Mani	uf.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					0.00	_			Middle, Maider			
BEC	John Hendra						J	Tanet	t Ha	usman			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Nur	nber, City or Tox	vn, State, Zip	Code)	
2	Sandra McDonou	gh		Вох	5 B	arto	on, N	id. 2	2152	1			
	20a. METHOD OF DISPOSITION 1		20b. PLACE	AND DATE	OF DISPOS	ITION (Na	ime of		DA	TE 20c. L0	CATION	City or To	own, State
	4 Donation 5 Other (Specify)	val from State	cemetery, cre	matory or o urel	ther place) Hill	Cer	n.	1-2	1+93	Ba	rton.	Md	
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE	1	1	22.1	NAME AN	D ADDRE					,	
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	23. PART I. Enter the diseases, or co	molications that	ausait the de	ath Do	not enter	111	Chur	ch s	- W	estern	port,	Md.	1 Absorbed to
	shock, or beert failure. L	ist only one ceus	on each line	).	iot enter	ine mo	de or dy	mg, suc	II as ca	ruiac or resp	ilratory en	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		B	/1/									Onset and Death
- 1	resulting in death)	DHE TO (C	R AS A CONSE	OHENCE O	<b>5</b>								
_ 1		502 10 (0	D	1	τ).								i
ō	Sequentially list conditions, b.	DUE TO (C	R AS A CONSE	OUENCE O	n:								
AT	if any, leeding to immediate cause. Enter UNDERLYING	-	(	AA	. ,.					4			į i
프	CAUSE (Disease or injury c. that initiated events	OUE TO (C	R AS A CONSE	DUENCE O	F):							_	+
CERTIFICATION	resulting in death) LAST												
빙	0.												
4	PART II. Other significant conditions	contributing to d	eath but not r	resulting	in the un	derlying	cause (	given in	Part I.	24s. WAS AN PERFO	AUTOPSY RMEDT	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
음			V-	112						1 TYES			COMPLETION OF CAUSE OF DEATH?
뿔													1 TES 2 NO
PHYSICIAN: MEDICA									===				
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				The State of State of	ACE OF D	EATH (Ch	eck unitra	obel.			
Š		1 E Impettent 2 🗆 E	3VOutpetient 3	□ DOA	4 Hum		• 5 □ Re	ektence	6 🗆 Ott	er (Specify)			
£	27. MANNER OF DEATH	26s. DATE OF IN (Month, Day,		25b, T/M	E OF	28c. INJ WO	URY AT		20d. DE	SCRIBE HOW	HUURY OC	CURED	
BY	1 Matural 1 Pending 2 Accident Investigation	1.000.00	Allegar C	1.590	W		EB 2	NO					
	3 Suicide 6 Could not be	28s. PLACE OF building, at	NJURY — At he E. (Tiprofy)	me, farm, i	street, facto	ory, offici				CATION (Street or Town, State		or Fluid I	Route Mumber;
COMPLETED	4 Mamicide determined		1.000.000							th. Junior, States			
٦٦	25th CERTIFIER 1 CERTIFYING PHYSIC	AN To the best of m	y knowledge, de	eth occum	ed at the ti	me, date	and place.	and due	to the cr	use(s) and me	nner es stel	ad.	
\ <u>\times_1</u>	(INI) 2 MEDICAL ENAMINER												) and manner as stated.
	296. BIGMATURE AND TITLE OF CERTIFIER	1				_	-	INSE MUS	-			1	
BE	Melty 3								(C.5-1)		▶ /	119	IG 3
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) /Time	Print)		Ð	3676	00			11.	1,2
	Dr. V. Poonai, P.(					MD	2150	1					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR			,								
	JAN 22 1993	Frais.	inimak	-									

DHMH-18 Rev 1/89

WITAL RECORDS, P.O. BOX 68760, DIVISION OF

JAN1 1

	1. DECEDENT'S NAME (Firs		ohn Ben I			ICATE	. 01	DLA	· ·	2. DATE OF MONTH Jan.			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-40-5915	BER	5. SEX 1 XM 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF Sept.	DIDTU		Count	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not it 5820 Genes	is Lan	e Apt. 5	511				PRIOCAT	ION OF D		,,,,,	9c. COU	eder	DEATH
DIRECTOR	10a. STATE Maryland	10b. COUNT	erick			y, town o		TON						10d. INSIDE CITY LIMITS?  XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 5820 Gene		ne				7	217					ZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR	MED	] #	yes, spe	ecify Cubi	OF HISPAI an, Maxica Specif	NIC ORIGIN? (S in, Puerto Rica y:	Specify Yas in, etc.)	or No—	14. RACI Black Spec	E American Indian, k, Whita, atc. White
COMPLETED	15. DEC (Specify onl Elementary/Secondary (to 1.2	y highest grade	CATION completed) College (1-4 or 5	+) (Gi	Do NOT us	USUAL OC vork done d se retired.)	uring mo:	st of worki	_			L Gov		ent
BE CON		e Walk	er Howar					F	Bessi	ME (First, Midd	nging	smit		
5	Mrs. Barbara	a K. H		P.	O. B	ADDRESS OX 14	(Street a	Fre	or Rumi deri	Route Number,	1. 21	n, State, Zip. 702	Code)	
	20e. METHOD OF DISPOSIT  1 Surial 2 Cremetic  4 Donation 5 Other	(Specify)		Sin L'th					Jar	1. 11, 1	20c. LO	Smit	hsbu	m, Stata
	21. SIGNATURE OF FUNERA	and E	ensee Lig	/ MO	0255	Ke	ene	y an	d Ba Chuz	sford	P.A.	Fun	eral	H ome Md. 21701
	23. PART I. Enter the di ehock, or h IMMEDIATE CAUSE (Fir disesse or condition resulting in desth)	eert tellure.	List only one can	t ceused the decise on eech line		ot enter	the mod	de of dy	ing, suc	h ss cerdlec	or raepl	ratory sri	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condition of the condition of the cause. Enter UNDERLY CAUSE (Disease or Injusted Initiated events resulting in death) LAS	diate ING Iry	DUE TO	(OR AS A CONSEC			26	951	>qt	typor	ten	510.	~	years
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition		death but not re			ierlylng	cause (	given in		PERFORI	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpetlent 3		OTHER		. /	,	ock only one)				
CO II	27. MANNER OF DEATH	Pending	26a. OATE OF (Month, D	INJURY	26b. TIME	OF :	86c. INJU WOE	BY AT		6 Other (Sp 26d, DESCRIE		JURY OCC	CUREO	
		investigation		F INJURY - At hor	ne, farm, s	treet, facto	y, offica			281. LOCATIO	N (Street a	nd Number	or Rural R	loute Number,
B	2 Accident 3 Suicide 6 Homicide	rovestigation Could not be	28e. PLACE O building,	etc. (Specify)						City of 10	wn, State)			
B	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	Could not be determined	CIAN: To the best of	my knowledge, das	fh occurre					to the cause(e	wn, State)			) and manner as stated.
	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	Could not be determined  IFYING PHYSIC CAL EXAMINET  OF CERTIFIER	CIAN: To the best of a: On the bests of e:	my knowledge, dae	ith occurre	1, In my op		ath occur		to the cause(e time, data and	wn, State)	due to th	e cause(s)	and manner as stated.



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21. DATE FILED (Month, One: New)
FEB - 3 '93

* REGISTRAR  1. DECEDENT'S NAME (First	e Afficiallo Lone)			CLNI	11 10	AIL O	F DEA		2 DAT	REG. NO.			3. TIME OF DEA	TH
RUSSELL G.		RD							JAI		19	93	10:30	
A. SOCIAL SECURITY NUM	5. SEX	6. AGE (In	yrs. lest birth	day) IF	UNDER 1 YEA	R IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRTI	HPLACE (State or I	Foreign	
		1 X M 2 □ F	83		MO	NTHS DAY		MIN.	(Mor	T. 22,	1909	Count	RYLAND	
9a FACILITY NAME /// not i	Se. FACILITY NAME (If not institution, give street and number)					CITY, TOW	/N OR LOCAT	ION OF DE				NTY OF E		
4279 OSBOR					"		HURLOC							
RESIDENCE OF DE						HURLOCK DORCHESTE			LUSTER					
10e. STATE	10b. COUNTY	Y		10c	CITY, T	OWN OR LO	CATION						10d. INSIDE CIT	Υ
MARYLAND	DORCE	HESTER			HUR	URLOCK				1 TYES 2X	NO [			
10a. STREET AND NUMBER	3						10f. ZIP COL	DE			10g. CIT	IZEN OF	WHAT COUNTRY?	
4279 OSBORNE ROAD						2	1643					USA		
11. MARITAL STATUS		12. WAS DECEDER					DECENDENT specify Cub			IN? (Specify Yes	or No-		CE — Amarican Inc ck, White, etc.	dlan,
1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE					YES 2 XNC			o riicari, eicej		Spec		E
3 Widowed 4 Div	rorced					1							******	
15. DE (Specify or	CEDENT'S EDU- nly highest grade	CATION completed)		16a, DECEDE	NT'S US Id of work	done during	ATION most of work	ing	10	Bb. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	FARM		sarea.)				CROP/D	ATDV			
				LIMI	-11\			TARRES NA	ME (F)	, Middle, Maiden				
17. FATHER'S NAME (First, GEORGE W.		n								RDMAN	ourname)			
19a, INFORMANT'S NAME				10h 844	II INC AT	nnpege /o-				MRDMAN  mber, City or Tox	vn State 2	in Code		
ELIZABETH		RAPD								OCK, MD		643		
		DAIC	206						OKL			- 1 -	Town, State	
20c. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or UNITY WASHINGTON CEMTERY  1 WASHINGTON CEMTERY  1 WASHINGTON CEMTERY														
21. BIGHATURE OF PORTRAL SERVICE LIDENSEE  22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BOX 207									CILITY					
	1/ 8	136	11/1-											
Seona	uelh	J 36	llec	-									207 T, MD 2	163
23. PART I, Enter the	diseases, or				Do not	106	MAIN	STRE	ET,	EAST N	EW M	ARKE	T, MD 2	mate
23. PART 1. Enter the shock, or	diseases, or heart fallure.	List only one ca	use on ea	nch line.		106 enter the	MAIN mode of d	STRE	ET,	EAST N	EW M.	ARKE	Approxi interval Onset a	mata Betweend Dea
23. PART . Enter the shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart fallure.	List only one ca	use on ea	nch line.		106 enter the	MAIN mode of d	STRE	ET,	EAST N	EW M.	ARKE	Approxi	mata Betweend Dea
23. PART 1. Enter the shock, or IMMEDIATE CAUSE (F	diseases, or heart fallure.	List only one ca	2-10	nch line.	ra	106 enter the	MAIN mode of d	STRE	ET,	EAST N	EW M.	ARKE	Approxi	mata Betweend Dea
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23: PARTI. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond	diseases, of heart failure.	a. DUE TO	O (OR AS A	CONSEQUEN	ICE OF):	106 enter the	MAIN mode of d	STRE	ET,	EAST N	EW M.	ARKE	Approxi	mata Betweend Dea
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Julia Davidson Marida

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Bobt. Of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (F		HANLINE							MONT	of DEATH	š, 199	YEAR	TIME OF DEATH 3:30 A M
4. SOCIAL SECURITY NU 235-54-697		8. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH			W. Va.
	9s. FACILITY NAME (If not institution, give street and number)				at OFF	7000001				/ 3, 13			
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RESIDENCE OF D	10b. COUNT	~	_	40- 007	Y, TOWN O							1.0	
Maryland		rrett			0akla		TION					- 13	d. INSIDE CITY LIMITS? [] YES 2 [] NO
100. STREET AND NUMB	ER					101	. ZIP CODI	E			10g. CITIZ	EN OF WHA	T COUNTRY?
1062 E. Hi	gh Stre	eet					21	550			I	JSA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 K		- H	yes, sp		n, Mexica	in, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, thite, etc. White
	ECEDENT'S EDU		16a. C	DECEDENT'S	USUAL OC	CUPATIO	ON		168	. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondar 12	only highest grad y (0-12)	College (1-4 or 5	F)	(Ghe kind of work done during most of working life. Do NOT use retired.)  V.P. & Cashier Banking									
			v	.r. 0	Casi	itei							
17. FATHER'S NAME (First	, MIGGIS, LASI)	M-1	o omk						ME (First,	Middle, Maiden			
		Mal	comb					cel			Lak		
James Kenn		nline		196. MAILING 1062						nber, City or Tow cland,			
20e. METHOD OF DISPOSITION 130 Burley 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Davis Cemetery 2/10/93 Davis, W. W.													
21. SIGNATURE OF THIS		CENSEE	Dav	V15 (6			ND ADDRE						
Kolu	AY4.0	Dun	<u></u>	67	I	ours	st Fu	nera	1 Hc	-	0.0. E Oaklar		43 4. 21550
disease or condition resulting in death)	Due to (or as a consequence of):  Sjogren's Syndrome										Onset and Death 6 Mont		
If any, leeding to Impose CAUSE (Disease or I that initiated events	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury												
Raynaud	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Raynaud's Coronary Artery Disease, Viral  Pneumonia, Steriod Induced Diabetes Mellitus  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO							CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?  YES 2 NO				
25. WAS CASE REFERRE	O TO MEDICAL					26. P	LACE OF O	DEATH (C)	heck only o	ine)			/
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		no 5 VR	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	Pending	26s. DATE OF (Month, L	INJURY	28b. TIM		28c. IN.	JURY AT	¬ NO		SCRIBE HOW	NJURY OCC	URED	
	Investigation  Could not be	28e. PLACE C	OF INJURY — At , etc. (Specify)	home, term,		1 [] ory, offic		_ NO		CATION (Street or Town, State)		or Aural Rout	te Number,
4 Homicide	determined					-		_					
(Check only		SICIAN: To the best of a											nd manner as stated.
29b. SIGNATURE AND T	TLE OF CERTIFIE	ahot	at	un		0		ENSE NU		277.13		SIGNED (M	Onth, Day, Year)
30. NAME AND ADDRESS	- 1					06			-	J 215		, 0, 0	
Margaret 31. OATE FILED (Month, L		ser, M.D.		P.O. 1		00	Uai	KTAN	u, M	d. 215	JU		
FEB	8 199	3 Julia D	AR'S SIGNATURE	Bookell									
	9 13	~ 10		-									

200 B 25

DIVISION OF VITAL RECORDS, P.O. BC TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires IN THE FUNERAL DIRECTOR: After this certificate has been significate fried within 72 hours after death with the State Dept. of Health IMPORTANT: It from 28 is marked, or item 23 shows and the contractions of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contractio

		. Pages 1, 2, 3 should	
13-3146	ttending physician.	ician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should for to burlal, cremation, or removal.	
BALTIMORE, MARYLAND 21203-3146	be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	5 should be detached for us	notified of once
BALTIMORE, N	rfter death. Page 6 may be	/ the funeral director, page noval.	ad temminas ich
X 13146,	executed within 24 Hours a	ician and completely filled in by the incr to burial, cremation, or removal.	and the medical evamines must be notified at once
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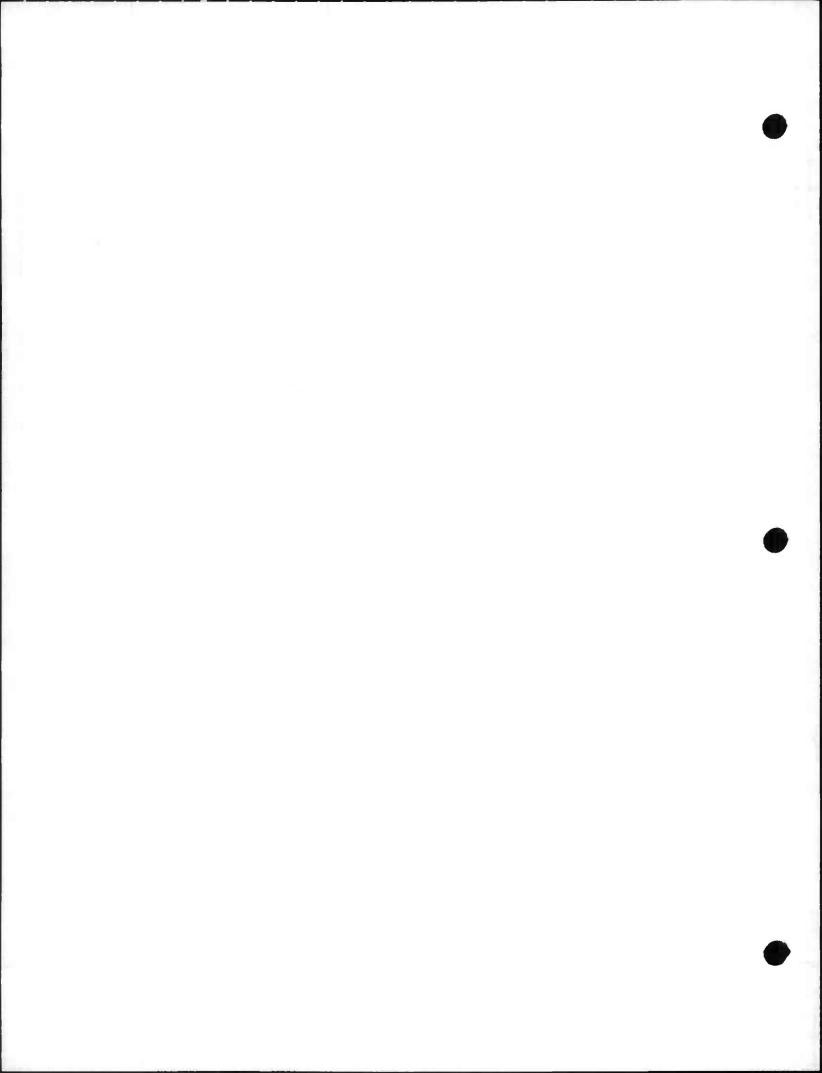
STATE	0F	MARYLAND	/ DEPARTMENT	OF HEALTH A	ND MENTAL	HYGIENI
		C	ERTIFICATE	OF DEATH		REG NO

L	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				C This book - to	2. DATE OF GEATH		3, TIME OF DEATH	
	CARVIL HURD SR			14.	rd l	February	9 199	AR CISOG AN	
			n yrs. last birthday) I	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
		1 DM 2 DF 7]	100	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7-16-21		Country)	
	9a. FACILITY NAME (If not institution, give street	45 7.		t orre rouge o	2		9c. COUNTY	ELAWARE	
~					R LOCATION OF OE.	AID	1110 11,4,4		
0	PENINSULA REGION.	AL MEDICAL C	SENTER	SALIS	BUKY		MIC	OMICO	
E E	10a, STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
DIRECTOR	DELAWARE KEN	T	DOV	TER				LIMITS? 1 X YES 2 □ NO	
	10e. STREET AND NUMBER	1 201		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
RA	LOT 10 OAKGROV	משודגמת ש	DADV		19901				
FUNERAL		12. WAS DECEDENT EVER IN		12 WAS DEC		IC ORIGIN? (Specify Yes	USA	RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	city Cuban, Maxicar	, Puarto Rican, etc.)		Black, White, atc.	
BY	3 Wildowed 4 Colvorced	IF YES, GIVE WAR OR OA	MES	1 TES	24L NO Specify			WHITE	
	15. OECEOENT'S EOUCA		16a. OECEOENT'S US			18b. KIND OF BUS	SINESS/INOUST	TRY	
	(Specify only highest grade or Elementary/Secondary (0-12)	Ompleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done during mo retired.)	st of working				
7	8		HEAVY E	QUIPM	ENT OPE	R. CONS	TRUCT	ION	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)		
0	RALPH HURD SR.				INA A	LLEN			
BE	19a. INFORMANT'S NAME (Type/Print)	· .	19b. MAILING A	OORESS (Street a	nd Number or Rural F	loute Number, City or Tow	n, Stete, Zip Coo	de)	
2	PEGGY SCHWARTZ		P.O. B	OX 25	FREDER	ICA, DE.	1994	5	
	20s_METHOO OF DISPOSITION		PLACE OF DISPOSIT				CATION City		
	1 E Burial 2 Cremation 3 Ramov		other place) OLIVE	CEME	PERY	SA	NDTOW	N. DE.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		5						
	Milliano O	Y RIMM	Mad.			BERRY FU N W FRO MILFORD,	NT ST	foods, Inc.	
	23. PART I. Enter the diseases, or co shock, or heert fellure. Li			t enter the mo	de of dylng, suci	h as cardiac or resp	iratory arrest	, Approximate interval Between	
- 1	IMMEDIATE CAUSE (Finel	Ci and	4 * 4					Onset and Death	
	diseese or condition resulting in death) a.	200	1417					dings	
- 1		DUE TO (OR AS A	CONSEQUENCE OF	MAR	culi-	1.00	+		
S	Sequentially list conditions, b.	DUE TO JOB AS A	CONSEQUENCE OF):	VCV	Crack	Accida Dijease			
F	If any, leading to immediate cause. Enter UNDERLYING	ON	000000000000000000000000000000000000000	Art	art I	20005	_	j	
I I	CAUSE (Diseese or Injury 6.	OUE TO (OR AS /	CONSEQUENCE OF):	/ / //		J. Jecos			
Ē	that initiated events resulting in death) LAST	·			•				
CERTIFICATION	d.								
	PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underlyln	g ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
MEDICAL						1 _ YES :	≥ HO	COMPLETION OF CAUSE OF GEATH?	
W								1 TYES 2 TNO	
ż						ŀ			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100011741			LACE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp	etlent 3 🗆 DOA	OTHER:        Nursing Hon	ne 5 🗆 Rasidenca	8 - Other (Specify)			
E	27, MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK?	28d. OEŞCRIBE HOW	INJURY OCCUP	EO	
BY	1 Netural 5 Pending 2 Accident Investigation		1-1	M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm, str	reet, factory, offic	ca .	281. LOCATION (Street City or Town, State	and Number or	Plurel Ploute Number,	
	4 Homicide determined								
PL	(Orack oray	IAN: To the best of my know	ledge, death occurred	at the time, dete	and place, and dua	to the cause(a) and ma	nner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basis of axeminatio	n and/or investigation	, in my opinion,	seath occured at the	time, deta and place, a	nd due to the c	ause(a) and manner as stated.	
	286. SIGNATURE AND TYPE OF CERTIFIER	8-			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)	
) BE	JAHNOT.	2			1) 36	183	> 2	19/93	
5	30. NAME AND REDRESS OF PERSON WHO	COMPLETED CAUSE OF OF		Print)	21/2/	d .	14	111	
	Jeffrey	to their t	Un MB	PI	race,	SALISBU	my,	10817 6100	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	A Prenda 00		7		///		

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 4: 16 M							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country)  YRS,  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS							
N.	98. FACILITY NAME (II not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX = GFT M LOS  PAINX							
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY							
L DIR	Md. Prince George Clinton							
FUNERAL DIRECTOR	9211 Stuart Lane 20735 109. CITIZEN OF WHAT COUNTRY?							
B	11. MARITAL STATUS  1							
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the December 1 of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complet							
COMPLE	Elementary (0-12) College (1-4 or 5+) Practical Nurse Hospital							
BE CO	17. FATHER'S NAME (First, Middle, Last)  WILLS Davis  18. MOTHER'S NAME (First, Middle, Maiden Surpame)							
5	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code)  William Johnson (Nephow) P. O. Box 901 Warsaw, Va. 22572							
	20s, METHOD OF DISPOSITION 1 Startes 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetgry, crematogy or other place)							
	The signature of Funeral Service Licensee MD.C.CARD 051 22. NAME AND ADDRESS OF FACILITY LEE FUNERAL HOME, INC.							
	ROUTE #4 BOX 1680 KING GEORGE VA. 22485							
	Approximate Interval Between Onset and Death    Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset and Death   Approximate Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval							
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. Cormary Artery Stenos 13  29 ears  Loron ary Artery Stenos 13  29 ears  Cormary Artery Stenos 13  29 ears							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST							
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Severa Brith Insulin - Dependent  244. WAS AN AUTOPSY PRIORINGS  MALABLE PRIOR TO  COMPLETION OF CAUSE							
PHYSICIAN: MEDIC	Diabet (S Me 11, tus 3/P Stroke 1- YES 2/1900 OF DEATH?  Cereprovascular + Kiripherch Vascular DIS:							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: ( OTHER:							
HYS	1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED							
ВУ	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 ND							
TED	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							
BE	296_SIGNATURE AND TITLE OF CERTIFIER  **Kich and U. J. M. Sign. M.D.  296_LICENSE NUMBER  296_DATE SIGNED (Month, Day, Your)  1/28/93							
10	38 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  KICHAYS H. FAVS on, MD 12825 Old Fort RJFF Wash, MJ 20744							
1	31. DATE FILED (Morith, Day, Near) FEB 1.8 1993 32. HE CATTRATE SESSIATURE  And Calculation of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t							



3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

Pennsylvania

12.40

DHMH-16 Rev 1/89

1993

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH DAY JANUARY 24
7. DATE OF BIRTH (Month, Day, Year)

11/9/1929

FOR STATE REGISTRAR

Forrest

231-34-3722

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

5. SEX 1 M 2 | F

1 -

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2, 3 s	СТОВ	PENINSULA REGIONAL MEDICA	L CENTER	SALI	SBURY		WIC	OMICO		
es 1,	딜	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY		
r. Pag	DIRE	Maryland Worcester	P	Pocomoke	City			LIMITS?		
permi		10e. STREET AND NUMBER	•		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ansit	FUNERAL	17 Central Avenue 21851 US						USA		
burla transit permit. Pages	FU	11. MARITAL STATUS  1 □ Never Merried 2 ◯ Merried  12. WAS DECEDENT E FORCES? 1 🔾	YES 2 NO	If yes,	ECENDENT OF HISPANIC ( apacify Cuben, Mexican, P			RACE — American Indien, Black, White, etc.		
2	ВУ	3 Widowed 4 Divorced Army/Korea			ES 2XNO Specify:		1	white		
10 20	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	NT'S USUAL OCCUPA		16b. KIND OF BUS	SINESS/INDUSTF	44		
100	PLET	Elementary/Secondary (0-12)		ific Pho	tographer	NASA				
March and	COMPL	17. FATHER'S NAME (First, Middle, Lest)	berent	JITIC FIIO	18. MOTHER'S NAME		Surneme)			
"	BE C	Forrest H. Hill, Sr.			Georgia	L. Jo	nes			
5 shah notifile	10 8	19s. INFORMANT'S NAME (Type/Print)			et end Number or Rural Rout					
page 5		Margaret S. Hill			ve., Pocomo		CATION — City	21851		
must		20 METHOD OF DISPOSITION 1 Method of Disposition 3 Removal from State 4 Donation 5 Other (Specify)	other place)	aptist Ce				Maryland		
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FACILI	ТҮ				
		Suntt S. Mila			son Funeral BOX 64, Poc		tv Md	21851		
th the mova	П	23. PART I. Enter the diseases, or complications that co						Approximate		
		shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Finel	0		_			Onset and Deat		
ematio nt, th		disease or condition resulting in desth)	AS A CONSEQUEN	veces						
complial, cr	_	0.00 10 (0.00	AS A COMSECUEN	ICE OF):				İ		
has been signed by the attenting physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, 23 shows any injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
hysicie prior	S	CAUSE (Disease or Injury	R AS A CONSEQUEN	or on						
ding h		that initiated events resulting in desth) LAST	AS A CONSEQUEN	ICE OF).				į		
ental Per		d								
een signed by the ati of Health and Menta shows any injury,	MEDICAL	PART II. Other alguificent conditions contributing to de	ath but not result	ting in the underly	ying ceuse given in Pa	PERFO	RMEO?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE		
signed fealth	Ē					1 TES	ĭ Mo	OF DEATH?		
been s						-		1 TES 2 NO		
State Dept State Dept Item 23	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Check	only one)				
6 g 5	PHYSICIAN:	1 TYES 2 NO 1 Inpetient 2 E			fome 5 Residence 6					
er this ce ath with the		27. MANNER OF DEATH 28e. DATE OF IN. (Month, Dey, 1 Netural 5 Pending	JURY 28k	INJURY	INJURY AT 2 WORK?  YES 2 NO	d. DESCRIBE HOW	INJURY OCCURE	iD .		
After death	ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF II	NJURY — At home, fi	farm, street, factory, o		of, LOCATION (Street	and Number or R	tural Route Number,		
after 28 is	밀	3 Suicide 8 Could not be building, atc	:. (Specify)			City or Town, State	)			
E FUNERAL DIRECTOR: After the within 72 hours after death vertage.	COMPLET	29e. CERTIFIER (Check only	knowledge, death o	occurred at the time,	iste end place, end due to	the cause(e) end me	nner ee stated.			
NERAL Thin 72	OM	one) 2 MEDICAL EXAMINER: On the basic of exam	nination end/or invest	itigation, in my opinio	n, death occured at the tin	e, date end place, e	nd due to the ce	use(e) end menner as stated.		
TO THE FUNERA TO THE FUNERA TO FILED WITHIN 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		Qu.	29c. LICENSE NUMBI		29d. DATE SH	GNED (Month, Day, Year)		
2 6 3 X	0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH STEM 27	(Since Orders)	D 261	040	110	977		
		Craig Schaeler	M. A	y (17)PO, THE						
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	S SIGNATURE	2						
	116	DED 0 1 1993 - 4mm	i Sindem-1	Kendallo						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

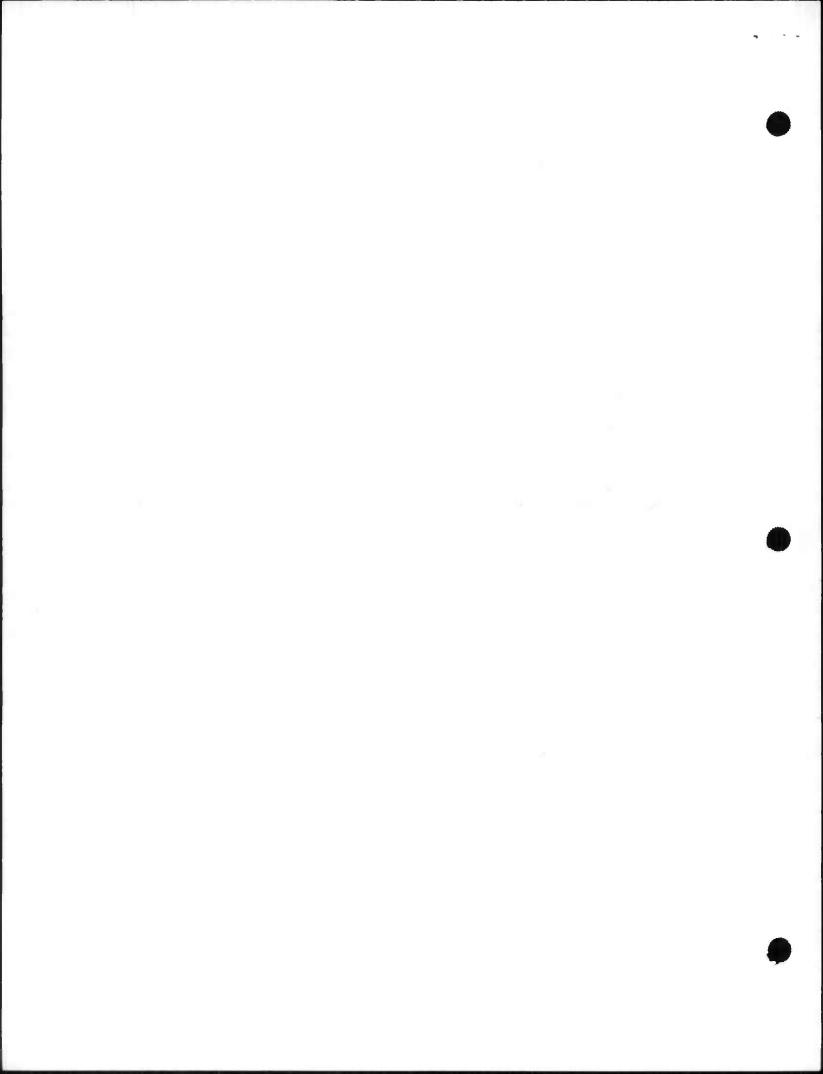
6. AGE (In yrs. last birthday) | F UNDER 1 YEAR | F UNDER 24 HRS. | MONTHS | DAYS | HOURS | MIN.

63

YRS.

Jr

9b. CITY, TOWN OR LOCATION OF OEATH

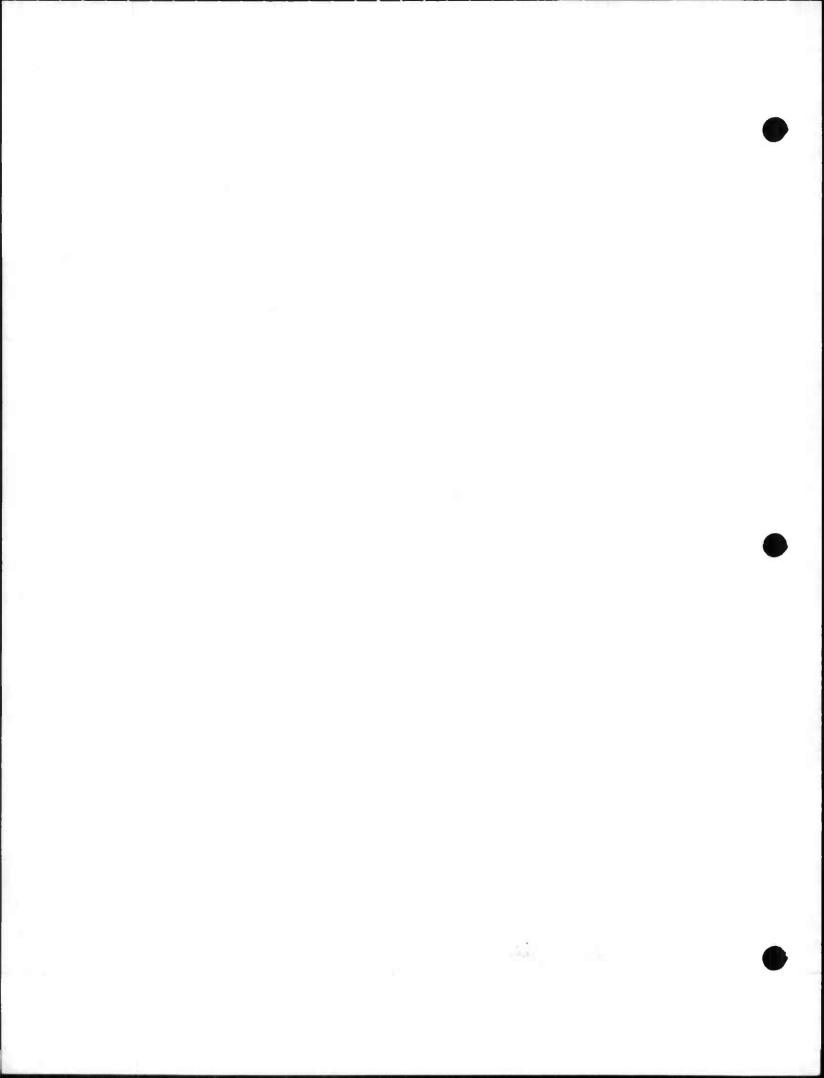


1 68760, BALTIMORE, MARYLAND 21215-	executed within 24 hours after death. Page 6 may be retained by the hospital or mend	and completely filled in by the funeral director, page 5 should be detached for use as to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arrest	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use set be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, oremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

93 03913 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -HOODE FORREST 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOOVER DAY YEAR 3 PH 8:46 P. -30 01 7. DATE OF BIRTH (Month, Day 14 S. SEX 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Country)
ILLINOIS 325-14-5751 M 2 | F YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH OF DECEDENT No Hon DIRECTOR 65 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 10c, CITY, TOWN OR LOCATION MARYLAND MONTGOMERY WHEATON

								T TES 2 NO		
<	10e. STREET AND NUMBER			10f. Zi	P CODE		10g. CITIZEI	OF WHAT COUNTRY?		
<b>5</b>	901 ARCOLA A	VENUE			20902		US	A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 WE DECEN	I. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V					
エ	1 X Never Married 2 Married	2 NO		ly Cuban, Mexican,		or No- 14	. RACE — American Indian, Black, White, etc.			
E A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES 2		, , , , , , , , ,		Specify:		
	3   Wildings 4   Districted	WW:	II		11			WHITE		
COMPLETED	15. DECEDENT'S ED		16a. DECEDENT'S USL	UAL OCCUPATION		16b, KIND OF BUS	INESS/INDUS	TRY		
5 J	(Specify only highest gred		(Give kind of work life. Do NOT use re	done during most o	of working	33,634,33,53,55				
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	111111111111111111111111111111111111111							
È I	12		MONEY HA	NDLER		DEPART	MENT O	F TREASURY		
5	17. FATHER'S NAME (First, Middle, Lest)			10	8. MOTHER'S NAME	(First, Middle, Malden				
	ROBERT ASA	HOOMED								
2		HOOVER			NELLIE		GARST			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street and	Number or Rural Roo	ite Number, City or Town	, State, Zip Co	ide)		
- 1	FRANK R. HOOVE	l'R	305 N. 1	MATANIISK	(A, McHE	IT VSD	60050			
	20a. METHOD OF DISPOSITION									
	1 Durial 2 Cremation 3 Re		b. PLACE AND DATE OF D metery, crematory or other				CATION CIT	y or Town, State		
	4 Donation 5-5 Other (Specify)		T. LINCOLN	CEMETER	RY :	2/4 BREN'	TWOOD,	MD		
- 1	21. SIGNATURIS OF PRINCIPAL SERVICE L	ICENSEE / /		22. NAME AND	ADDRESS OF FACIL	лү				
- 1	- / 'lmolas.	$\chi + I + D$	257	FRANCIS	J. COLL	INS FUNER	MOH .TA	E. INC.		
	- L NVVVVII	DE INC	)	500 UNIV	ERSITY	BLVD. W.	SIL.	SP., MD 20901		
	23. PART I. Enter the diseesea, or	complications that cause								
	ahock, or heart fallure	. List only one ceuse on a	each line.	enter the mode	or dying, such	na caronac or respi	ratory arres	Approximate Interval Between		
- 1	IMMEDIATE CAUSE (Final				2			Onset and Death		
- 1	disease or condition	V	SEPTIC	5	HOCK			1 hour		
- 1	resulting in death)	8						700000		
	DUE TO (OR AS A CONSEQUENCE OF):									
2	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	h	PIVEUR	10/1/1	7					
2	Sequentially list conditions,									
7	if any, leading to immediate cause. Enter UNDERLYING									
3	CAUSE (Disease or Injury	Disease or Injury C.								
- 1	that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
-	resulting in deeth) LAST	4						ļ		
CERTIFICATION		0.								
- 11	PART II. Other algnificent condition	ne contributing to death i	but not resulting in ti	he underlying c	euse given in Pr	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL	DIA	1311755	MEZLIT	715		PERFOR	MED?	AMILABLE PRIOR TO		
5	200	.00107	,			_ 1   YES 2	□ NO	OMPLETION OF CAUSE OF DEATH?		
ų.						l		1 YES 2 NO		
						-		1 120 2 0 110		
3				26 PLAC	E OF DEATH (Check	contraction				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MORDITAL				Crity Orie)				
SICIOIS	25. WAS CASE REFERRED TO MEDICAL BKAMINER? 1 YES 2 NO	MOSPITAL:		THER:	3.5					
MAIDICIA	PKAMINER?	1 Inpatient 2 ER/Out	tpatient 3 DOA 4	THER:  Nursing Home	5 🗆 Residence 6	Other (Specify)				
PUTSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH			THER:  Nursing Home  28c. INJUR	5 Residence 6		MINN DOCUM	HED.		
- 34	PKAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Dention 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 (	THER:  Nursing Home  28c. INJURY WORK	5 Residence 6	Other (Specify)	LIURY DECUR	MED.		
5	PRAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. PLAGE OF INJURY 26e. PLAGE OF INJURY 26e. PLAGE OF INJURY	28b. TIME OF INJURY	THER: Nursing Home  THER: Nursing Home  THER: NURSING HOME  THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER: THER:	5 Residence 6	Other (Specify)  Bd. DESCRIBE HOW II	_	inc.		
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10 01	PRAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER 1 PEDTICVIMC BUSINESS	26e. DATE OF INJURY (Morith, Day, Year)  26e. PLACE OF INJURY building, etc. (Spe	DOA 4 (200 MILE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE O	THER:  Nursing Home  28s. INJURN WORK  TEST	S Residence 6 Y AT 2 P 3 NO 2	Other (Specify)  M. DESCRIBE HOW II  81. LOCATION (Street of City or Town, State)	nd Number or	inc.		
recien or	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHY:	26e. DATE OF INJURY (Morth, Day, Year)  26e. PLACE OF INJURY building, Stc. (Spe	28b. TIME OF	THER: Nursing Home: 28E. INJURY WORK: YES	S Residence 6 Y AT 2 2 NO 2	Other (Specify)  Bd. DESCRIBE HOW II  B1. LOCATION (Street & City or Town, State)  the cause(a) and man	nd Number or	Rural Route Number,		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

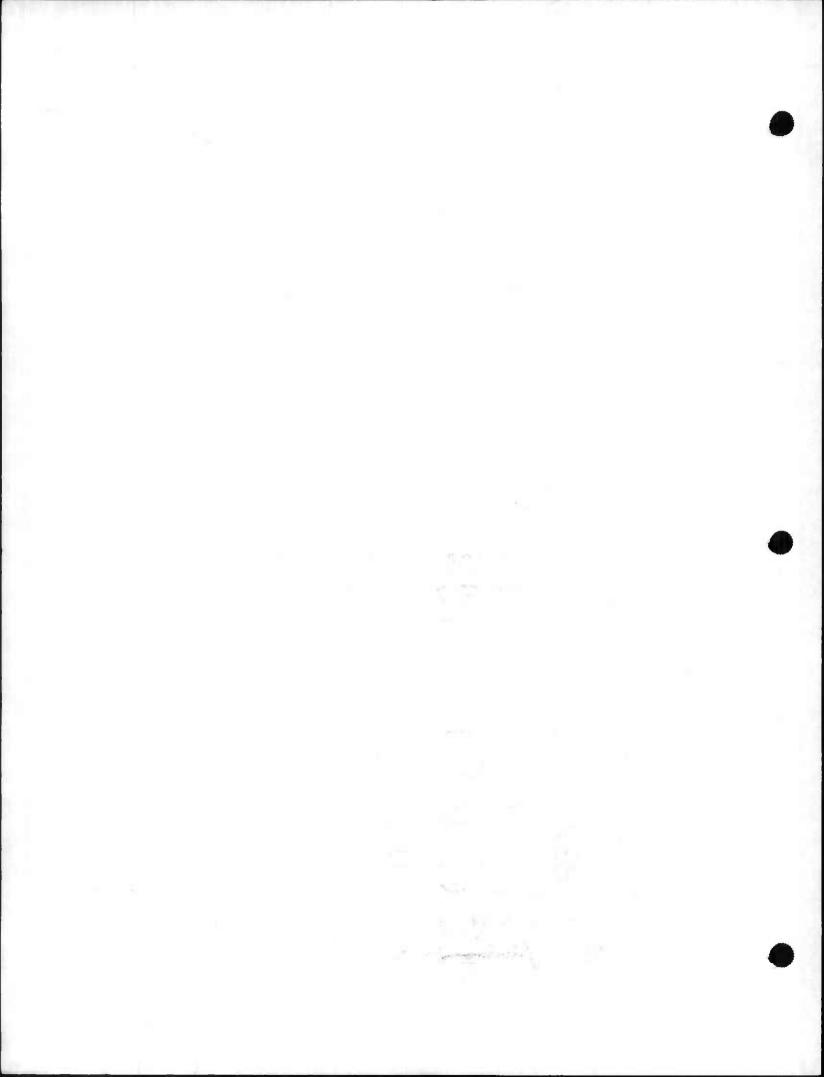
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE 0	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	<b>HYGIENE</b>
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MOMPH DAY YEAR 3. TIME OF DEATH				
i	I	ERCEL M. HES	SS				ry 29,	1993	4:00 am M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	/	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		8. BIRT	HPLACE (State or Foreign	
	232-42-6856	1 DM 2 XF 96		ONTHS DAYS	HOURS MIN.				t Virginia	
FUNERAL DIRECTOR		a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY O						COUNTY OF	DEATH	
								<b>I</b> GOMERY		
	RESIDENCE OF DECEDENT         10e. STATE         10b. COUNTY         10c. CITY, TOWN OR LOCATION         10d. INSID								10d. INSIDE CITY	
								LIMITS?		
	Maryland  100. STREET AND NUMBER				Bethesda 101, ZIP CODE			10g. CITIZEN OF WHAT COUNTRY		
				101.	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro					
	9218 Cedarcrest Drive  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		II S ADMED	20814  13. WAS DECENDENT OF HISPANIC ORIGIN			neelly. Yes or No	United States		
	1 Never Married 2 Married FORCES? 1 YES 2 No		2 (Z)NO	NO If yes, specify Cuban, Mexica				ck, White, etc.		
B	3 ★ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES			1 TES 2XXNO Specify:				White		
COMPLETED	15. DECEDENT'S EDUCATION 18s. DECEDENT'S US				UAL OCCUPATION 18b. KIND OF E			BUSINESS/INDUSTRY		
	(Specify only highest grade completed)  (Give kind of wo life. Do NOT use			rk done during most of working retired.)						
	12	Homemaker-Poet			t Own Home					
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)						
	John Knight				Ada B. Highland					
BE				DDRESS (Street a	ESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
2	Helen H. Hes	S	9218	Cedarcre	est Driv	e Beth	esda. M	arvla	nd 20814	
		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State								
	1K Buriel 2 Cremetion 3 Removal from State of cemetary, crematory or other place) February 5, 1993 Good Hope, West Virginia									
	Toda hope cometery   Toda hope, west virginia									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin									
	M00335 Avenue Bethesda, Maryland 20814									
CERTIFICATION	ahock, or heert fellure. List only one ceuse on each line.								Approximata Interval Between	
	IMMEDIATE CAUSE (Final								Onset and Death	
	disease or condition resulting in death) e. Congespie Heart Failure									
	DUE TO (OR, AS A CONSCIOUENCE OF):									
	Sequentially list conditions,  b. ATTONIOSI BYONG LIBOT VISORE  DUE TO (OR AS A CONSEQUENCE OF):									
	If any, leading to immediate cause. Enter UNDERLYING									
일	CAUSE (Disease or Injury									
ĒΙ	that initiated events resulting in death) LAST									
AL CEF	d									
								4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
<u> </u>						1   YES 2 NO			COMPLETION OF CAUSE OF DEATH?	
밀								1 TYES 2 NO		
PHYSICIAN: MEDIC										
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
	EXAMINER?    HOSPITAL:   OTHER:     OTHER:									
Ξĺ	27. MANNER OF DEATN	28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT				28d. OEŞCRIBE NOW INJURY OCCUREO				
	1 Natural 5 Pending	1 Netural 5 Pending (Month, Day, Year) INJI		WORK?  M 1 YES 2 NO						
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, facto			est, factory, offic	ry, office 28f. LOCA		ATION (Street and Number or Rural Route Number,			
9	4 Homicide detarmined building, etc. (Specify)  City or Town, State)									
COMPLET	29s. CERTIFIER									
₩ P	(Check of the cause(a) and manner as stated.    CERTIFYING   PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.    CERTIFYING   PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
8										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNEI			ED (Month, Day, Year)		
2	- WS Unha Mil				110	11029 1/29/93				
	John B. Omhau, MD 8805 Conn. Ave. Char Chare, Mc. 20815									
	S1. DATE FILED (Month, Day, Your) FEB 02 993	32 REGISTRAR'S SIGNATURE								
	1 LD 04 33	Truce manigoday	Mada Co							

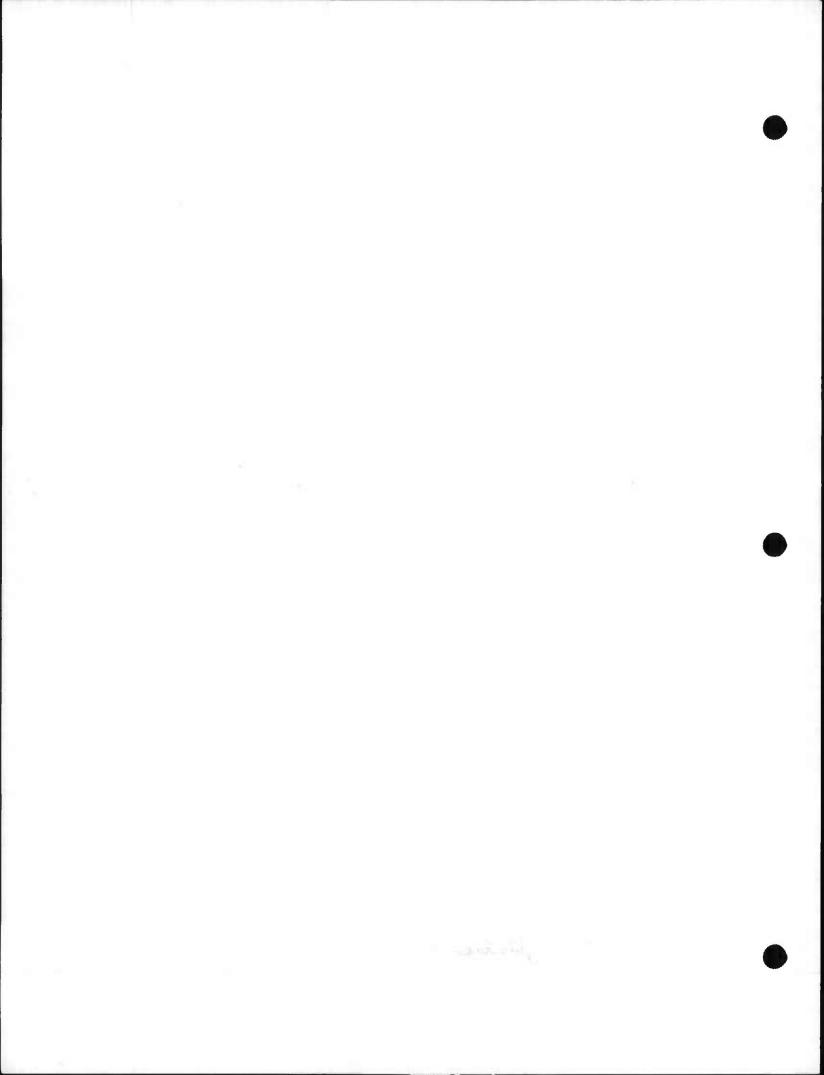


0		ift, Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	NEGISTIAN				<u> </u>	IOAII	_ 01	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Morris	E.	Howa	rd					MC	nuary 28	w 1 c	YEAR 293	3. TIME OF DEATH 8:45 A.M	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	inst hirthday)	IF LIMBER	R 1 YEAR	IF UNDER 24 HR	$\rightarrow$	ATE OF BIRTH	, 1.		PLACE (State or Foreign	
9	506-34-975		1 🖾 M 2 🗌 F	58	YRS.	MONTHS	DAYS	HOURS MIN	(A	forth, Day, Year) ril 11,1	1934	Country	braska	
	9e. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY	Y, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF DE	EATH	
8	10030 Gleno:	lden D	rive				P	otomac		Montgomery				
5	RESIDENCE OF DEC													
DIRECTOR	Manual and	106. COUNTY		LIMITS?										
7	Maryland 100. STREET AND NUMBER	Mont	gomery								1 YES 2 NO			
FUNERAL	11/1/2015						10	. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?	
빌	10030 Glei	nolden						20854				ted :	States	
5	11. MARITAL STATUS XIX Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.	WAS DEC	ENDENT OF HIS ocity Cuban, Me:	PANIC OR	IGIN? (Specify Yes	or No-	14. RACE Black	American Indian,     White, etc.	
BY	3 Widowed 4 Divo		IF YES, GIVE	AR OR DATES				2 NO Sp		, , , , , , , , ,		Specif	V:	
				Korea		ı							White	
COMPLETED		EDENT'S EDUC y highest grade		1000	Give kind of	work done	during mo	DN ist of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
۳	Elementary/Secondary (0	1-12)	College (1-4 or 5 d	·)	ille. Do NOT u									
M			5+	F	'inanc	ial	<u>Anal</u>	yst		IBM				
8	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTHER'S	NAME (Fir	rst, Middle, Maiden	Sumame)			
BE	Lynus Adr		ward					Ruth	n M.	Young				
2	19a. INFORMANT'S NAME (7	ype/Print)			196. MAILING	ADDRES	S (Street e	and Number or Ru	ral Route A	lumber, City or Town	n, Statu, Zij	p Code)		
-	Mary M. How	ward			623 I	ndia	n Wa	y, Seas	side	Oregon	971	38		
	20a. METHOD OF DISPOSITI		wel from State		E AND DATE				(0.2)	DATE 20c. LO	CATION -	City or Tox	wn, State	
	4 Donation 5 Other	(Specify)	Wall Holl State	Mont	gomer	y Cr	emat	orium,	Inc.	. Bet	hesd	a. Ma	aryland	
1	21. EIGHATURE OF FUNERA	PERVICETO	EHIGEE /	1921							wal 1	Tomo /	Doglard 11 a	
	> Mack	and d	X XLED	ino	M0084	6 R	ockv	ěst Mon	tgom aryl	ery Aver	nue 850-:	2805	Rockville:	
	23. PART I. Enter the di	seases, or o	omplications ha	caused the	death. Do	not enter	the mo	de of dying, a	uch as c	cardiac or respi	ratory ar	reat,	Approximate	
	IMMEDIATE CAUSE (Fin	eart fallure. I	List only one can	ise on each li	ne.								Interval Between Onset and Death	
	disease or condition		Candia	- 7										
	resulting in death)	,	. Cardia	(OR AS A CONS		EI.					-		Minutes	
_		_		c Arry									Minutes	
Ó	Sequentially list conditi		OUE TO	(OR AS A CONS	SEQUENCE O	F):								
Ă	If any, leading to immed cause. Enter UNDERLY	NG		oscler			t Di	sease					16 Months	
윤	CAUSE (Disease or Inju that initiated events	י אַ	L	(OR AS A CONS									10 Honells	
E	resulting in death) LAS	Т												
빙		-											+	
EDICAL CERTIFICATION	PART II. Other significa						nderlyln	g cause given	in Part I	. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	
8	1. Diabet	es Mel	litus-In	sulin	Depend	lent				1 TYES 2			COMPLETION OF CAUSE OF DEATH?	
	2. Renal	Failur	e-Second	arv to	1								1 YES 2 NO	
Σ ;	3. Lumbo-			_		20								
PHYSICIAN:	25. WAS CASE REFERRED TO		Dogener	LLZVC .	o r seas		26. PI	ACE OF DEATH	(Check onl	y one)	-			
S	EXAMINER? 1   YES 2   NO		HOSPITAL:	FR/Outnetlant	1 DOM	OTHE	R:	No. of Landson, 19						
Ξ	27. MANNER OF DEATH		26a. DATE OF		28b. TIN		28c. INJ	e 5 🕅 Residen	-	DESCRIBE HOW II	WHIRN OC	CHOED		
		Pending	(Month, D			URY	WC	RK?	1 200.	DESCRIBE NOW II	WONT OC	CONED		
B		Investigation	26a PLACE O	F INJURY — At	home form	eterat fra			-	0.0471041 /0	141 1			
E		Could not be determined	building,	etc. (Specify)	rionist, iactil,	street, rec	iory, offic			LOCATION (Street e Oily or Town, State)	nd Numbe	r or Hural H	oute Number,	
COMPLET	29u. CERTIFIER 1 X CERT	IEAING BRIAGI	CIAN: To the best of	mu knowlede:	death accord	ad as at	المام مطا	and at a	AL ELEC	Lection (Value	1000			
₽													and manner as stated.	
8	-			A	- mreatigatit	, a my t	opmout, 0			sere and prace, an	u uve 10 11	IN CIN180(6)	ero manner as stated.	
H H	295 BIGNATURE AND TITLE	or destricted	X.	- 11	lan .	7		D1210	00.000				(Month, Day, Year)	
6	JANON V	V N .	XV	MI	10/	1		D1210	9		Ja	nuar	y 28, 1993	
	Joseph P. S			11			1116	#1400	Chev	y Chago	MD	2021	5	
	31. DATE FILED (MONM) Day		32 REGISTRA	R'S SIGNATURE		AVEI	iue,	11 T 700	CITEV	y Chase,	, PID	2001		
	FED UZ	B	gulia de	ridor R	male 12									



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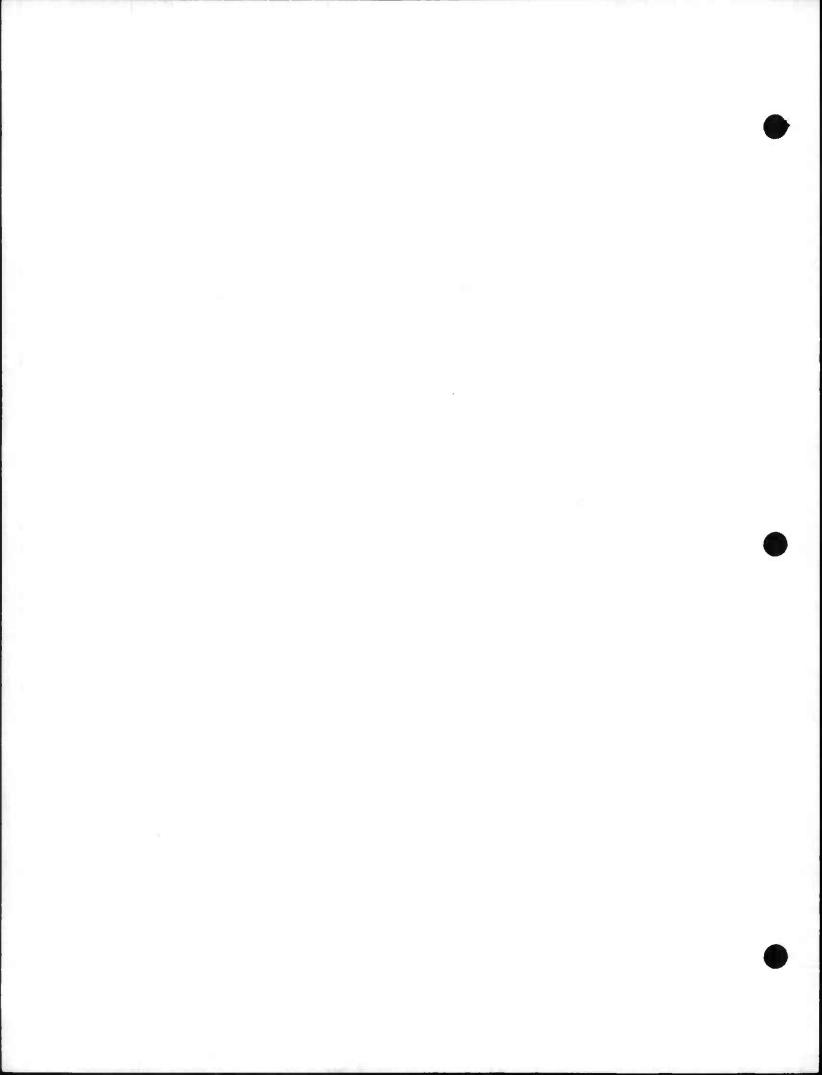
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middia, Last)  A. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday)  90. FUNDER 1 YEAR  FUNDER 1 YEAR  FUNDER 24 HRS.  7. DATE OF DEATH MONTH  217-34-0907  90. FACILITY NAME (if not institution, give street end number)  224 Dale Drive  RESIDENCE OF DECEDENT  106. COUNTY  Maryland  Montgomery  106. CITY, TOWN OR LOCATION  Silver Spring  106. CITY, TOWN OR LOCATION  Silver Spring	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 1. SEX 2. S. AGE (In yrs. last birthdey) 5. SEX 4. AGE (In yrs. last birthdey) 5. SEX 5. AGE (In yrs. last birthdey) 6. AGE (In yrs. last birthdey) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 9. FACILITY NAME (If not institution, give street end number) 9. FACILITY, TOWN OR LOCATION OF DEATH	
217-34-0907 1 🗵 M 2 🗆 F 86 YRS. MONTHS DAY'S HOURS MINI. (Month, Day, Near)  9e. FACILITY NAME (if not institution, give street end number)  9 b. CITY, TOWN OR LOCATION OF DEATH  99	93 9-P.
9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. FACILITY NAME (If not institution, give street end number)	8. BIRTHPLACE (State or Foreign Country) West Virginia
224 Dale Drive Silver Spring  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	c. COUNTY OF DEATH
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	Montgomery
	10d. INSIDE CITY
	LIMITS? 1 YES 2 NO
© 224 Dala Duive	Og. CITIZEN OF WHAT COUNTRY? United States
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or	
1 Never Married 2 Married 5 No Specify:  1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO No Specify:	Black, White, etc. Specify: White
15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINES	
(Specify only highest grade completed) (Give kind of work done during most of working	
Elementary/Secondary (0-12) College (1-4 or 5+)  Lieutenant Depar	litan Police rtment
O 17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surr	
	neme)
m	
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, St  Alan Helwig  9701 Cld Georgetown Road Rothogo	
9701 Old Georgetown Road, Betheso	da, Maryland 2081
1 12 Burlet 2 Cremation 3 Removal from State	TION — City or Town, State
4 Denation 5 Other (Specify) Gate of Heaven Cemetery 1/29/93 Silve	er Spring, Marylan
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ROBERT A. Pumphrey, Funeral Bethesda-Chevy Chase, In 7557 Wisconsin Ave., Bethes	l Home/
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirator	sda,MD 20814-3501
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	ory arrest, Approximate interval Betwee Onset and Dea
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
	D? AMILABLE PRIOR TO
PERFORME	OF DEATH?
Jesus prober	
Jesus prober	
Jestes 1 ves 2 X	
Jestes 1 ves 2 X	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 OTHER:  1 OTHER:  1 OTHER:  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY AT UNDER OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF IN	RY OCCURED
25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending  28. DATE OF INJURY  (Month, Day) Year)  28. TIME OF  1 Netural 5 Pending  2 Accident Investigation	IRY OCCURED
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inperient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY  (Month, Day) Year)  28. TIME OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?	IRY OCCURED  Number or Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Inpertent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY (Month, Day) Year)  28. DATE OF INJURY (Month, Day) Year)  28. DATE OF INJURY (Month, Day) Year)  28. DATE OF INJURY (Month, Day) Year)  28. DATE OF INJURY AT WORK? 1 YES 2 NO	Number or Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2  26. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Inperior 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  1 Netural 5 Pending  1 Netural 5 Pending  2 Accident Investigation  3 Suicide 8 Could not be determined  28. PLACE/OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and of City or Town, State)  29. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the baste of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner  29. SIGNATINE AND THE AND THE OF CONTRICE	Number or Rural Route Number, r as stated. us to the cause(e) and menner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Number or Rural Route Number,
PERFORMENT    Total   Performent	Number or Rural Route Number, r as stated. us to the cause(e) and menner as stated.



3. TIME OF QEATH

8. BIRTHPLACE (State of Foreign Country) Maryland

3:08P

1993

9c. COUNTY OF DEATH

Montgomery

2. DATE OF DEATH
MONTH
January 27,

7. DATE OF BIRTH (Month, Day, Year) May 31,1910

4. SOCIAL SECURITY NUMBER

Suburban Hospital

9a. FACILITY NAME (If not institution, give street and number)

217-03-4139

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Bethesda

Alice L. Hardy

6. AGE (In yrs. last birthday)

82

YRS.

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4	DIRE	Maryland	0.00	Montgomery		102.011, 1	Bethe					Od. INSIDE CITY LIMITS?
mir.	AL C	10e, STREET AND NUMBER						. ZIP CODE		L de llass		YES 2 X NO
burial-transit permit.	ERA	4857 Batter	v T.a.	ne #303	20814 United							
-tran	FUNE	11. MARITAL STATUS	у дал	12. WAS DECEDENT ET	VED IN IT C	ADMED	Las una per					
xurial	- 1	1 Never Married 2	Married	FORCES? 1	YES 3	(XNO	If yes, spe	ENDENT OF HISPANIC O	erto Rican	, etc.)	14. RACE — Black, V	- American Indian, White, etc.
the	B	3XXWIdowed 4 Dive	erced	IF YES, GIVE WAR	OR DATES		1 TYES	NO Specify:			Spec#y: Whit	- 6
as as			EDENT'S E		16a	. DECEDENT'S USI	UAL OCCUPATION	OH .	16b. KINI	O OF BUSINESS/INC		
for use	<u> </u>	Elementary/Secondary (I		college (1-4 or 5+)	-	(Give kind of work We. Do NOT use re	done during ma tired.)	st of working				
thed .	AP.	10		_		P.B.S.	Opera	tor	Tel	ephone (	Compan	ıy
page 5 should be detached to be notified at once.	COMP	17. FATHER'S NAME (First, M						18. MOTHER'S NAME (	First, Middle	, Maiden Sumame)		
8 D	ш	Rich	ard 1	Leonard Wrig	ght			Alice	Eliza	beth Hig	jdon	
5 should notified	TO B	19a. INFORMANT'S NAME (						nd Number or Rural Route				
age 5 be no		Nancy F. Ch	ippe	ndale		2120 16	th St.	, N.W., #9	05, V	Vashingto	on, DC	20009
		20a, METHOD OF DISPOSIT 1 ☐ Burlal ※XX Crematic		amoval from State	20b. PL/	ACE AND DATE OF D	ISPOSITION (Ne	me of 1/29/93	DATE	20c. LOCATION —	City or Town	, Stata
irector, p	1	4 Donation 5 Other	(Specify)		Mont	Lgomery"		orium, Inc		Betheso		***
tuneral di examiner		21. SIGNATURE OF FUNERA	L SERVICE	UCENSEE			22. NAME AN	Bethesda-C	y Rob	Chaco	umphr	ey Funeral
the funeral director, oval.		- Think	.0.	Y - K11/2	MC	00348		nsin Ave.,				
npletely filled in by the cremation, or removal.		23. PART i. Enter the d	iseasea, o	or complications that ca	sused the	e death. Do not						Approximate
or re		shock, or h	eart failur	e. List only one cause	on each	line.	X 25.W 1.3C-4.12-1					interval Between Onset and Death
the		IMMEDIATE CAUSE (Fit disease or condition	181	RECO	0 "	-011	LAU	1205				1
ompletel if, crema event,		resulting in death)		8. / ) C OF	AS A CO	NSEQUENCE OF):	/ HIL	URE	2			monin
inial,	2	The second of the second		- Aura	NN	MALE	100	YONARY		SEASI		24rs
sician and crior to buris	CATION	Sequentially list condit if any, leading to imme		DUE TO (OR	AS A CO	NSEQUENCE OF):	1001	10,011-1	,	00/10/		
prior tra	ঠ	cause. Enter UNDERLY CAUSE (Disesse or Inju	ING	c								
giene g	RTIFI	that initiated events resulting in death) LAS		DUE TO (OR	AS A CO	NSEQUENCE OF):						
the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remniury, or other traumatic event, the medical	EH	resulting in death) LAS		_ d								
y the att od Menta Injury,	- CI	PART II. Other aignifica	nt conditi	ions contributing to de	ath but n	not resulting in t	he underlying	g cause given in Pari	l. 24a.	WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
has been signed by t Dept. of Health and 1 23 shows any In	EDICAL	GASTI	ROII	NTESTINI	AL	DLES	ENINE	5	4 10	PERFORMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE
of Healt									1 ' 10	1 120 2   HU		F DEATH?
t. of	₹ .											123 2/2/10
e Dept.	3	25. WAS CASE REFERRED T	O MEDICAL				26. PL	ACE OF DEATH (Check of	nfy one)			
certificate h the State [	PHYSICIAN:	1 YES 2 NO		HOSPITAL:	1/Outpatier		THER:	e 5 Residence 8 🗆	Other (So:	nc#v)		
with the	ξI	27. MANNER OF DEATH		28a. DATE OF INJ (Month, Day,	URY	28b. TIME O	F 28c, INJ			E HOW INJURY OC	CURED	
fter this c sath with marked,	β		Pending investigation		rour y	INJUNI		ES 2 NO				
		3 Suicide 8	Could not b	28e. PLACE OF IN building, etc.	JURY — A	At home, farm, stree	t, factory, office	281	LOCATION City or Tox	(Street and Number	or Rural Rout	te Number,
S afte		4 Homicide	detarmined	12.75	, , , , , , , , , , , , , , , , , , , ,				Only or lov	vii, Giane)		
hour Hen	COMPLETED	29a. CERTIFIER (Check only	TIFYING PH	YSICIAN: To the best of my	knowledge	e, death occurred a	t the time, date	and place, and due to the	e cause(s)	and manner as sta	led.	
VERAI	8	one)		INER: On the basis of exam								nd manner as stated.
TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d iMPORTANT: If item 28 Is		29h. GIGNATURE AND THE	OF CENTIF	1000	-	, 0		29c. LICENSE NUMBER		29d. DAT	E SIGNED (M	Rogific (Dept. Westr)
MP6 F	) BE	Marely	NI	Orw.	331	-MD		D403	13	► //	271	193
	2	30. NAME AND ADDRESS O	F PERSON 1	WHO COMPLETED CAUSE O	P DEATH	(ITEM 27) (Type, Prin	nt) }	1		5/	011	
		MHRILY	NI	ORUZZ11	MD	8218	WISC	COSINAU	E	DEMIS	SNA	MD
		31. DATE FILED (Month, Day,	_	32, REGISTRAR'S	SIGNATUR	RE					7	
		FEB 02 3	93	Julia David	السما	Bonda Blo						
				U								DHMH-16 Rev 1/8

31.2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FEB 02 '93

39 REGISTBAR'S SIGNATURE

states attending physician.	merchanist permit. Pages 1. 2, 3 should	)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital and an executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked or them 23 shows any latury or other traumatic event the medical araminar must be marked at once

								70 0331
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	OUIDA MARIE	HUDGINS			2. DATE OF DEATH	MY Y	3. TIME OF DEATH
9	230-14-8630	1 □ M 2 □XF 86	yrs. last birthday) YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 15, 19	Į.	BIRTHPLACE (State or Foreign Country) ENNESSEE
TOR	9a. FACILITY NAME (If not institution, give street HOLY CROSS HOSP RESIDENCE OF DECEMENT.				ER SPRING	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	GOMERY	10c. Cr	KENSI	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3605 PERRY AVENUE				101. ZIP CODE 20895		,	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If ye	DECENDENT OF HISPA Ha, apocify Cuban, Maxic YES 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No- 14	Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	IHe. Do NOT L	work done during	ng most of working	16b. KIND OF BU	SINESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  LEE TRUMAN HALL					AME (First, Middle, Maider ALICE TURN)		
10 B	19a. INFORMANT'S NAME (Type/Print) AUDREY L. RAWLINGS	(DAUGHTER)				Route Number, City or Tov ENSINGTON,		,
	### METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remove  4 Denettop 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State comet	PLACE AND DATE Pery, crematory or a ARKLAWN	Other place) CEMET	CERY ME AND ADDRESS OF F	2/1 ROCI	KVILLE	y or Town, State , MARYLAND ME. INC.
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ASPIRA	tion.	PAE	e mode of dying, sur	ch as cardiac or resp	iratory arrest	PR., MD. 20901 t, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MASS LUE DUE TO (OR AS A CO OUE TO (OR AS A CO	CONSEQUENCE O	EREB Pr: RIAL Or):	RAL I	MARCT MATION		5 Days YEARS
MEDICAL	PART II. Other significant conditions  ARTERIOSE LIST.  CELES ROVASCULATION				rlying cause given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
PHYSICIAN:		HOSPITAL:	lent 3 DOA	OTHER:	26. PLACE OF DEATH (CI	<u> </u>		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Tih	RE OF 284	c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUP	IEO
ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY – building, etc. (Specify	- At home, farm,	street, factory,	office	26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE		IAN: To the best of my knowled: On the basis of examination of						ause(s) and manner as stated.
BE	298 SIGNATURE AND TITLE OF CERTIFIER	ul min			29C LICENSE NU			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	'H (ITEM 27) (Туре	o, Print)	7720 FAY	LAGAT	SVE	

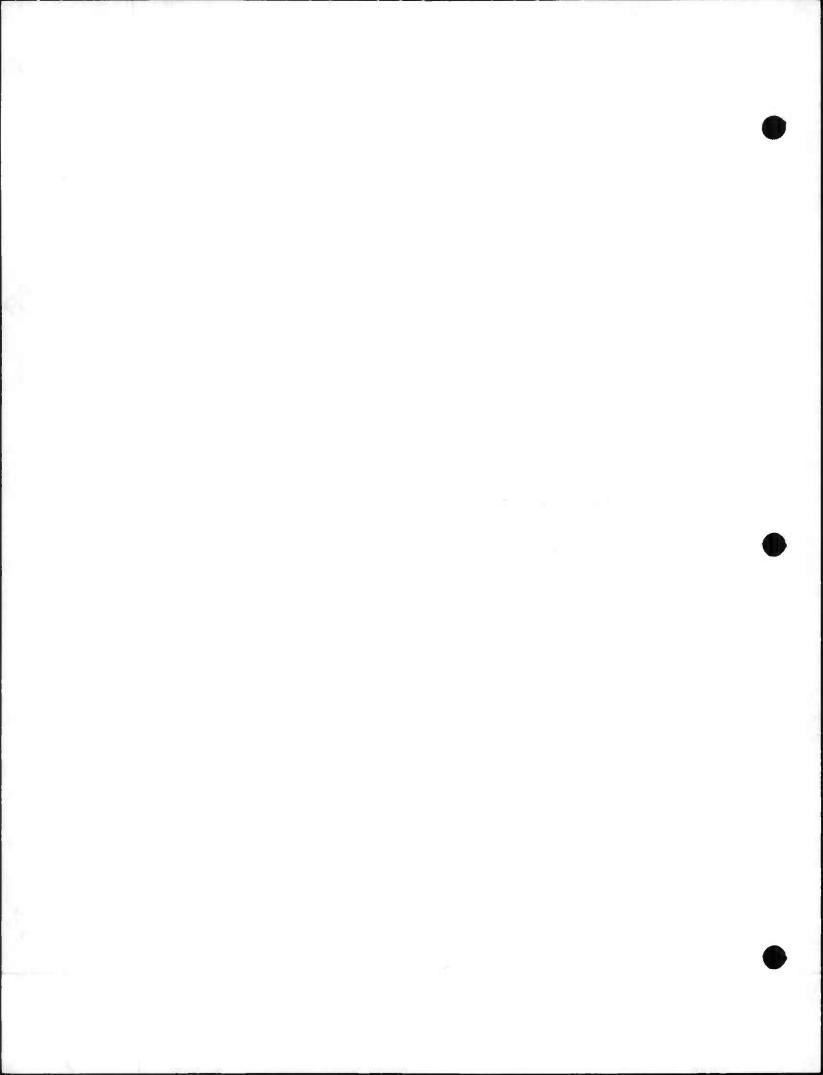
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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, M HOOVER,	RALPH RALPH	ELLSWORTH	HOOVER		2. DATE OF DEATH MONTH JANUARY 29	, 19 <b>9</b> 3	3. TIME OF DEATH 11:10 A. M
	4. SOCIAL SECURITY NUMBER 242-07-9662  9a. FACILITY NAME (If not instit	1 📉 M 2 🗆 F	AGE (In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1912 NO	RTHPLACE (State or Foreign unity) RTH CAROLINA
TOR	HOLY CROSS	HOSPITAL			SPRING	EATH	9c. COUNTY OF	TGOMERY
DIRECTOR		OL COUNTY  MONTGOMERY		Y, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER			LVER SPR	. ZIP CODE		10g. CITIZEN O	1 TES 2 NO F WHAT COUNTRY?
FUNERAL	9910 CAPIT	OL VIEW AVENUE		12 WAS DEC	2091	ORIGIN? (Specify Ver	USA	ACE — American Indian.
BY	1 Never Married 2 Mil 3 Wildowed 4 Divorce	FORCES? 1 X IF YES, GIVE WAR	YES 2 NO OR DATES	If yes, sp 1 ☐ YES	ecify Cuben, Mexica 2X NO Specif	n, Puerto Rican, etc.)	В	white, etc.  WHITE
COMPLETED	15. DECED (Specify only h Elementary/Secondary (9-12	ENT'S EDUCATION (gheat grade completed)  College (1-4 or 5 +)	(Give kind of a	work done during more retired.)  CAR IN	st of working	WASHING	TON TED	
	17. FATHER'S NAME (First, Midd			OTIK TIV	18. MOTHER'S NA	ME (First, Middle, Maiden		MINAL
BE (	CLAUDE  19a. INFORMANT'S NAME (Type	E. HOOVE		ADDRESS (Street a	LULA	INGR Route Number, City or Tow		
5	MAXINE MARTI							MD 20910
3	20a. METHOD OF DISPOSITION 1 Dental   2 Cremation 4 Denation 6 Other (S)	3 Removal from State	cemetery, cremetory or o	ther place)		2/293 ROC	KVILLE,	
	21. SIGNATURE OF FUNERAL S	DIA CONSEE		FRANCI:	O ADDRESS OF FA	LINS FUNER	AL HOME	, INC. SP., MD 20901
	23. PART i. Enter the dise shock, or hea	eases, of complications that our fellure. List only one cause	aused the death. Do r	not enter the mo	de of dying, suc	th as cardiac or resp	iratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	- Small	R AS A CONSEQUENCE OF	ing Ca	neer)			Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O	R AS A CONSEQUENCE OF	n:				
AL	PART ii. Other aignificent	conditions contributing to de	eath but not resulting	in the underlying	cause given in	PERFOR	PMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDIC						1 _ YES 2	Мио	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO I	MEDICAL HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	28a. DATE OF IN		4 Nursing Hom	URY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	3 Suicide 6 Co	estigation	NJURY — At home, farm, s	M 1 🗆	RK? /ES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
LETE		termined						
COMPLETED	(Check only 1 CERTIFI one) 2 MEDICA	YING PHYSICIAN: To the best of m			eath occured at the	time, date and place, ar		se(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF	ERSON WHO COMPLETED CAUSE	OF OFATH (ITEM 27) /5/na	Print	0340.	32	► 1-8	16D (Month, Day, Year)
	C.TEANNE P	ASHER 37	20 FARRA	GUT AV	E KE	NSINGTO	NMOS	20895
	31. DATE FILED (Month, Day, Yes							DHMH-18 Ray 1/89





FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, L	Harrifu	er Hal	.1		2. DA MOI	TE OF DEATHS	1-93	YEAR 3	TIME OF DEATH
plu		218-24-05-47	1 1 M 2 D F 6 7	(In vrs. last birthday) YRS.	IF UNDER 1 YEAR		Mc (Mc	TE OF BIRTH Double, Day Year)		Country)	ACE (State or Foreign
1, 2, 3 should	CTOR	Fair and	ive street and number) can to	Fer	SI/Ve	er spr	ing,	md.		Y 961	Mery
	C. DIRECTOR	Maryland Mon	tgomery		ry, town on Loc Rockvi	lle				1	DI. INSIDE CITY LIMITS?  XYES 2 NO
	FUNERA		orners Lane	IN U.S. ARMED		101. ZIP CODE 2085 ECENDENT OF HI		SIN7 (Specify Yes	U	.S.F	AT COUNTRY?
ending physic as the burns	ED BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced  15. DECEDENT'S	FORCES? 1 YES	DATES	If yes,	specify Cuban, M ES 2 NO S	axican, Puert	o Rican, atc.)		Black, V Specify: Blac	Vhite, aic.
the hospital or attending detached for use as the once.	LET	(Specify only highest of Specify (0-12)  10th Grade	College (1-4 or 5+)	Me. Do NOT u	work done during :	TION most of working		66. KIND OF BUS Monta			ublc Sch
should be detach should be detach otified at once.	BE COMP	17. FATHER'S NAME (First, Middle, Last,  Lloyd  190. INFORMANT'S NAME (Type/Print)	Hall			E	s NAME (First	Bell	Surneme)		
may be retained or, page 5 should st be notified	5	Ms Anna Cros:  20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremellon 3   6	201	8201	16th	Name of	pt#9.	14, Si		Spr	ing, Md
24 Tours after death. Page 6 may be retained by filled in by the funeral director, page 5 should be lon, or removal.  he medical examiner must be notified at		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	1 (	Gate Of	<sup>2</sup> Sname	Wden F		al Hom	e P.	Α.	ng, Md 20850 ille, Md
ed within ompletely if, cremat event, t		23. PART I. Enter the disease, ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	seps	aşn ıma.		noda of dying,	auch aa ca	rdiec or reapl	retory arre	et,	Approximate interval Between Onset and Death
be execution and or to bur aumatic	CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa recuiting in death) LAST	c	A CONSEQUENCE O							
requires then signed of Health shows an	MEDICAL	PART II. Other algorificant conditions		abetes)		ng cause giver	n In Pert I.	24a. WAS AN / PERFORM	MED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
YSICIAN: The law requires s certificate has been signe th the State Dept. of Health of term 23 shows id, or item 23 shows	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outs	patient 3 DOA	OTHER:	PLACE DF DEATH					
문문장원	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation			E OF 28c. III	JURY AT YORK? YES 2 NO	28d. Di	ESCRIBE HOW IN	JURY OCCU	RED	
DIRECTOR: After hours after death item 28 is ma	LETED	3 Suicide a Could not detarmined	and the labor	слу)			City	CATION (Street ar y or Town, State)			Number,
Z Z Z =	COMPL	(Check only	YSICIAN: To the best of my know	ladge, daath occurrent and/or investigation	ed at the time, de	death occured at	the time, det	euse(a) and mannie end place, and	dua to the	cause(a) an	
TO THE HOSPI TO THE FUNER De filed within	TO BE	30. NAME AND ADDRESS OF PERSON	1/1 4 . \	ATH (ITEM 27) (Type,	Print)	29c. LICENSE	HG4	2	29d. DATE S	SIGNED (Mc	onth, Day, Year) 1 — 93
l l	- 1	(AUGUM)	H . ( D u	11/7000	1 MA ()	1517	(Aaa	-2 /	-	/ -	-/ + +

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

YEAR

3. TIME OF DEATN

455 A W

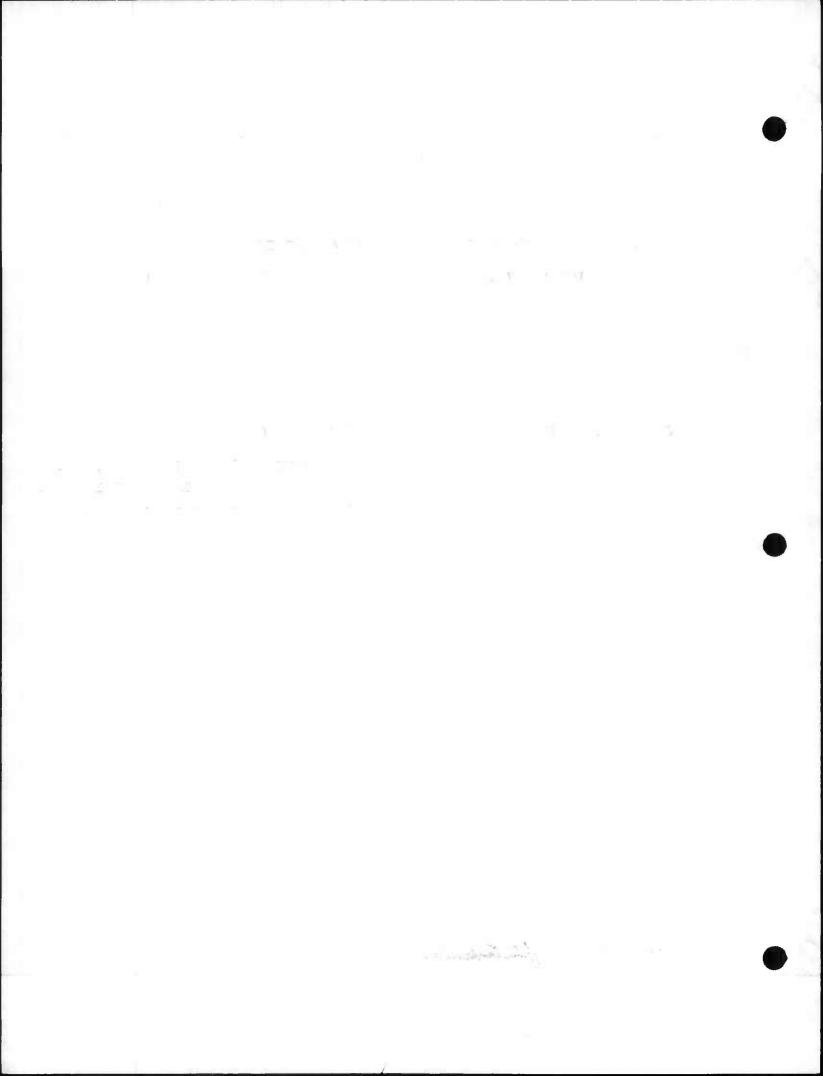
7. DATE OF BIRTH (Month, Day, Year)

IF UNDER 1 YEAR

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1 OF	
DIVISION	

BALTIMORE, MARYLAND 21215-0020

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£.		MD.	MC	NTGOMER	Y		SIL	VER SE		-			1	YES 2 NO
physician. bunal-transit permit, Pages	RAL	100. STREET AND NUMBER 9513 B	חיבואדנים	T AVE.				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
physician. burial-tran	FUNER	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	DECENDENT OF	901 F NISPANIC O	RIGIN? (S <sub>f</sub>	pecify Yes	Wes or No. 14. RACE — American Indian,		American Indian,
offing phy	B	1 Never Married 2 3 Widowed 4 Divo	rced	FORCES? 1 [ IF YES, GIVE WA	R OR DATES		10	yes 2 17 10		erto Rican	specily: white			white
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F# /	COMPLET	12	,	Conege (I-4 or 5+)	\	nouse	Wife				AT	HOM	1E	
by the		17. FATHER'S NAME (First, M		ITALIT OF	10			18. MOTN	ER'S NAME (		e, Maiden			
5 should be notified at	BE	19a. INFORMANT'S NAME (7	LTER	HAULSE	E	19b. MAILING	ADDRESS (Str	eet and Number		Mumber C	atv or Town	HUT.		
y be reta age 5 st be noti	5	JOHN A.		GH				ITEM						
Page 6 may al director, pa ner must b		20a. METHOD OF DISPOSITI 1 Durlet 2 Crematio 4 Donation 5 Other	(Specify)		cemetery.	CEAND DATE OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMM	her place!	Name of EMATOR	1.	DATE 27			City or Town	
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d in by the or removal medical		23. PART I. Enter the di	seases, pr	complications that	caused the	death. Do n								Approximate
file fon,		IMMEDIATE CAUSE (Fin		D										Onset and Death
completely fille tal, cremation, evenf, the		resulting in death)	<b>→</b>		OR AS A CON	SEQUENCE OF	):							
8 9 7 6	Z	Sequentially list conditi	one	b										
	CATION	If any, leading to immed cause. Enter UNDERLYI	diata NG	DUE TO (C	OR AS A CON	SEOUENCE OF	):							
ding physiciar Hygiene prior of other trau	RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST												
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y the		PART II. Other algnifice	nt condition			ot reaulting is	n the underl	ying cause gi	iven in Part	l. 24a	. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
w requires that been signed to be. of Health a shows any	EDICAL	11212e	tes	Mellitus	ment	- u				1 [	YES 2	<b>∑</b> NO	OF	DMPLETION OF CAUSE DEATH?
law requires as been sign bept. of Healt 23 shows	Σ	Alzheis	mer 5	100	MENT	10,			<del></del>				1	TES 2 NO
ate has be tate Dept.	CIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				8. PLACE OF DE	ATH (Check o	nly one)				
	PHYSI	1   YES 2 NO		1 Inpatient 2 I		3 🗆 DOA		Home 5 🗆 Res						
NG PHYS fer this c eath with marked,		1 Netural 5	Pending Investigation	(Month, Day,		28b. TIME INJU	JRY	INJURY AT WORK?		I. DEŞCRIE	BE NOW IN	NJURY OCC	CURED	
CTOR: A after de 28 is	TED BY	3 Suicide 6	Could not be determined	26a. PLACE OF building, et	INJURY — Attc. (Specify)	home, farm, s	treet, factory, o	office	281	LOCATIO	N (Street a wn, State)	nd Number	or Rural Rout	e Number,
TAL OR / VAL DIRE 72 hours If Item	COMPLET			CIAN: To the best of m										
HOSP FUNE within		29b. SIGNATURE AND STITLE		R: On the basis of exa	mmarton and	or investigation	i, in my opinio		NSE NUMBER	deta and	place, and			
TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 IN IMPORTANT: If It	) BE	< TEdge	ve.	MD				T.	3370	10		DATE	-7:7-	onth, Day, Year) - 93
	5	30. NAME AND ADDRESS OF			OF DEATH (									
		31. DATE FILED (Month, Day,	Hou	12. REGISTRAR	'S SIGNATIIE		vey,	MI	)	-				
	,	FEB 01 '9		gichie Veri	4	adult.								
•				0										DHMH-16 Rev 1/89



		1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPAR CERTIF	TMENT (	OF DEATH	MENTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, Middle, Last)	Grace E.	Hubbe	11		2. DATE OF DEATH MONTH	DAY 9	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)	
pjn		215-09-2676 Se. FACILITY NAME (If not institution, give et	1 M 2 F 88	YRS.			August 5, 1904 MD.			
. 3 should	E	Wilson Health	Care Cent	01	Carl	OWN OR LOCATION OF D	9c. COUNTY	1		
s 1, 2,	ECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	47700 -0777		Y, TOWN OR L	DOLLING		Montgomes		
регтіt. Pages	DIRE		ntgomery	500	aither				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
		10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
ian. transit	FUNERAL	401 Russell Ave				20877		U.S.A		
21215-0020 al or attending physician. for use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					I. RACE — American Indian, Black, White, etc. Specify: White	
1215-0 r attending use as the	8	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S	work done during	IPATION ng most of working	16b. KIND OF E	16b. KIND OF BUSINESS/INDUSTRY		
	COMPLET	Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	Cler	se retired.)		١ ,	Medical		
AND he hospit betached once.	OM	17. FATHER'S NAME (First, Middle, Last)		CTEL	K	18. MOTHER'S NA	ME (First, Middle, Maid			
2 3 5	ш	Ludwig An	drew Emmerich					Jane Kel	lley	
	TO B	19a. INFORMANT'S NAME (Type/Print)				treet end Number or Rural				
H a		Wallace Ritter 20a. METHOD OF DISPOSITION	20h PL A/	14208 CEANDDATES		Creek Way,	# 106, Sp	Darks, I	4D. 21152	
MORE e 6 may nector, pi must		1 № Buriel 2 Cremation 3 Remo	vel from State cemetery, Ever	green	Mem.	Gardens 2/	3/1993 F	inksbur	g, MD	
BALTIMORE  For death. Prof. 6 may the funeral death, put wai.	-	21. SIGNATURE OF FUNERAL SERVICE LIC				ME AND ADDRESS OF FA	CILITY	Funera		
BAL after deat by the fun moval. Icel exar		Michael	D. Gelde	ing			k Dr., Ga	ithersb	ourg, MD. 20877	
hin 24 hours tely filled in tration, or re-		IMMEDIATE CAUSE (Final	omplications that caused the list only one cause on each in the cause on each in the cause on each in the cause on each in the cause on each in the cause on each in the cause on each in the cause of the cause of the cause	ilna.			h as cardiac or res	piratory arrest	t, Approximata Interval Between Onset and Death	
P.O. BOX 687( The certificate be executed ending physician and company in Hyglene prior to burial, or other traumatte en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON-	SEQUENCE OF	F):					
RD hat the and M hit the M hit the	MEDICAL	PART II. Other significant conditions	contributing to death but no	ot reaulting i	in the under	rlying cause given in	Part i, 24a. WAS PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2	
AL RE has been bept. of 23 she									1 120 1 32.10	
上年 2 2 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 No	HOSPITAL:		QTHER:	26. PLACE OF DEATH (Ch	2-20			
SICIAN: The Sician is certificate in the State d, or Item	PHYS	27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	28b. TIM	E OF 28	Home 5 Residence	8 Other (Specify)  28d. DESCRIBE NOV	V INJURY OCCUP	RED	
	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dwy, Year)	INJ	M 1	WORK?				
VISIC NTTEND CTOR: A after d		3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — A1 building, etc. (Specify)	I home, farm, s	street, factory,	office	28f. LOCATION (Stree City or Town, Sta	et end Number or te)	Rural Route Number,	
로 걸 본 도	COMPLETED	Table 1	CIAN: To the best of my knowledge, t: On the basic of examination end/							
TO THE HOSPI TO THE FUNEF be filed within	BEC	296. SIGNATURE AND TITLE OF CERTIFIER	2000	,		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)	
P P P P	6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH O	TEM 271 /3mm	N D	072	3		-31-93	
		James R. Moo	ne Jc. 207 B	Brook	-	e Gaith	1815 burg	, med	- 20877	
		FEB 01 '93	TIME DELIGIONAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	edell.	~					

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

- 1		Isabella	Barba	ıra	Hawk	ins			Janua	ry 2	8, 19	93	9:00 A.
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. les		IF UNDER		IF UNDER 24	HRS.		Day, Year)		Country)	ACE (State or Foreign
	521-01-4989	1 M 2 K F	82	YRS.					Nov.		1910	Colo	
.	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN OF	R LOCATION	OF OE	ATH		9c. COUNT	Y OF DEA	ГН
	101 Odend Hal	Ave.		Gaithersburg						Montgomery			ery
	10a. STATE 10b. COUNT	TY		10c. CIT	ry, town (	OR LOCATIO	ON					10	Dd. INSIDE CITY
	MD. Moi	ntgomery		G	aith	ersb	urg						X YES 2 NO
	10e. STREET AND NUMBER					-	ZIP CODE			10g. CITIZEN OF WNAT COL			AT COUNTRY?
	101 Odend Hal	Ave., # 10	002				2087	7		U.S.A.			
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 K N			If yes, spe		Mexica	n, Puerto Ri	(Specify Yes can, etc.)	or No- 1	4. RACE — Black, V Specify:	American Indian, White, etc.
	15. DECEDENT'S ED				USUAL O				16b. i	CIND OF BUS	SINESS/INOU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille.	(Give kind of work done during most of working life. Do NOT use retired.)									
		4		Hous	ousewife					Own	Home		
ı	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle,						ddle, Maiden	Sumame)		
	William	Anderson									rklan		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Shirley O'Neil			9913 Shrewsbury Court, Gaithersburg, MD. 2087									
				OATE		CATION CI							
1   Burlel 2   X Cremation 3   Removal from State of cemetary, crematory or other place) 4   Donation 5   Other (Specify)   Metropolitan Crematory 1/29/93   Alexandria,  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											la. V	irginia	
7	22. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DeVol Funeral Holling ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., Gaithersburg, ID E. Deer Park Dr., G												
$\dashv$	23. PART I. Enter the diseasas, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,											Approximate	
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. OUE TO (OR AS A CONSTOURNEE OF):										Interval Between Onset and Deat		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Coronary artery alisease  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										J. J. J. J. J. J. J. J. J. J. J. J. J. J		
	PART II. Other significant condition			reaulting	In the u	nderfylna	cause gl	iven In	Part I.	24a. WAS AN	AUTOPSY		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
- 14	144	perfensa								PERFOF		0	COMPLETION OF CAUSE OF DEATH?
ż	25. WAS CASE REFERRED TO MEDICAL	perfense					ACE OF OF	ATH (Ch	_	1 TYES 2		0	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		n DOA	отне	26. PL			eck only one	1   YES 2		0	OF DEATH?
	EXAMINER?  1 X YES 2 NO  27. MANNER OF CEATH  1 X Natural 5 Pending	HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, )	//Outpatient 3	28b. TII	4 🗆 Nu	26. PL: rsing Home 28c. INJU	5 X Res	ildence	eck only one	1 VES 2		1	OF DEATH?
TED BY PHYSICIAN: MEDICAL	EXAMINER?  1 X YES 2 NO  27. MANNER OF CEATH	HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, Y	//Outpatient 3 URY ber/ JURY — At ho	28b. TII	4 🗆 Nu ME OF IJURY M	26. PL R: rsing Home 28c. INJU WOI 1  Y	5 X Res URY AT RK? 'ES 2	ildence	eck only one 8  Other 28d. OESC	1 VES 2	NJURY OCCL	I I	F DEATH?
	EXAMINER?  1.2 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, Y) 28e. PLACE OF IN	U/Outpatient 3 URY bar)  JURY — At he (Specify)	28b. Till IN ome, farm,	4 □ Nu ME OF JURY M , street, fac	26. PL R: rsing Home 28c. INJU WOI 1  Y tory, office	o 5 X Res URY AT RK? 'ES 2	NO end due	8 Other 28d. OE\$d 28f. LOCA City o	1 VE\$ 2	NJURY OCCL	JREO  V Rural Rose	F DEATH?  YES 2 NO
	EXAMINER?  1. YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be distermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFI	HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, Y building, etc.  SICIAN: To the bast of my NER: On the basic of axams	U/Outpatient 3 URY ear)  JURY — At he (Specify)  knowledge, de instion and/or	28b. Till IN ome, farm,	4 □ Nu ME OF JURY M , street, fac	26. PL R: rsing Home 28c. INJU WOI 1  Y tory, office	o 5 X Resultry AT RK? FES 2 one ond place, eath occurs	NO end due	eck only one 8 Other 28d, OESc  28f, LOCA City of to the cause tima, date	1 VE\$ 2	INJURY OCCL	JREO  Paral Root  d.  cause(s) 6	F DEATH?  YES 2 NO
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1. YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be distermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFI	HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, Y 28e. PLACE OF IN building, etc.  SICIAN: To the bast of my VER: On the basic of axami	UCUtpatient 3 URY bar)  JURY — At he (Specify)  knowledge, de inetion and/or	28b. Till IN IN IN IN IN IN IN IN IN IN IN IN IN	ME OF IJURY M street, fac	26. PL R: rsing Home 28c. INJU WOI 1  Y tory, office	o 5 X Resultry AT RK? FES 2 one ond place, eath occurs	NO NO end due	eck only one 8 Other 28d, OESc  28f, LOCA City of to the cause tima, date	1 VE\$ 2	NJURY OCCL	JREO  JREO  A Rural Roc  d.  cause(s) (	F DEATH?  YES 2 NO  Ute Number,  and manner as stated.  Wonth, Day, Year)
be compresed by Phisician.	EXAMINER?  1. YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be distermined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  30. NAME AND ADDRESS OF PERSON V	HOSPITAL:  1 Inpetient 2 ER  28e. DATE OF INJ (Month, Day, Y  28e. PLACE OF IN building, etc.  SICIAN: To the bast of my  NER: On the basic of axami	U/Outpatient 3 URY bar)  JURY — At ho (Specify)  knowledge, de ination and/or	28b. Till IN Dome, farm, seath occur investigati	4 Nu ME OF LJURY M M street, fac	26. PL R: rsing Home 28c. INJL WOO 1 □ Y tory, office	o 5 K Resultry AT RKY PES 2 - ond place, eath occure 29c. LICE!	NO end due od at the	281. LOCA City o	1 VES 2 ) (Specify) RRIBE HOW I TION (Street r Town, State)	INJURY OCCU	JREO  JREO  A Rural Root  Cause(s) of  Signed (A	The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The Number,  The N
BY PHYSICIAN:	EXAMINER?  1. YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be distermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	HOSPITAL: 1   Inpatient 2   ER 28e. DATE OF INJ (Month, Day, Y 28e. PLACE OF IN building, etc.  SICIAN: To the bast of my NER: On the basic of exami	U/Outpatient 3 URY bear)  JURY — At he (Specify)  knowledge, de inetion and/or  OF DEATH (ITE  19241	28b. Till IN Dome, farm, eath occur investigati	4 □ Nu ME OF JURY M . street, fac	26. PL R: rsing Home 28c. INJL WOO 1 □ Y tory, office	o 5 K Resultry AT RKY PES 2 - ond place, eath occure 29c. LICE!	NO end due od at the	281. LOCA City o	1 VES 2 ) (Specify) RRIBE HOW I TION (Street r Town, State)	INJURY OCCU	JREO  JREO  A Rural Root  Cause(s) of  Signed (A	The Number,  when Number,  and manner as stated.  Wonth, Day, Year)  y 29, 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF OEATH

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 curs after death. Page 6 may be retained by in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be as biled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF H		IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Las	it)			,	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	HENRY	Harvey		Hollo	und	MONTH Z		0547 1		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNGER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. E	BIRTHPLACE (State or Foreign Country)		
	221-12-1963	1 M 2 □ F	68 YRS.	MONTHS DAYS	HOURS WIN.	01/ 02/ 2	25 Delaware			
	9a. FACILITY NAME (If not institution, give	a street and number)	-	9b. CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUNTY OF OEATH			
BY FUNERAL DIRECTOR	PENINSULA REGI	ONAL MEDICA	L CENTER	SALIS	BURY		WIC	OMICO		
ᇤ	RESIDENCE OF DECEDENT  10a. STATE 10b. COU		10c, CI	TY. TOWN OR LOCAT	ION		10			
[ 뜻 ]	Maryland W	licomico		Salis	hurv		LIMITS?			
3	10e. STREET AND NUMBER	TCOMICO			ZIP CODE		10g. CITIZEN OF WN/			
	Rt. 12, Box 326	Pembertor	Dr		21801		USA			
3	11. MARITAL STATUS	12. WAS DECEDENT, E	VER IN U.S. ARMED		ENDENT OF HISPAN	C ORIGIN? (Specify Yea		RACE American Indian.		
<u>L</u>	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 I	OR DATES	1 Yes, spe	2 NO Specify:	, Puerto Rican, atc.)		Black, White, etc.  Specify:		
		WW II					whi			
COMPLETED	15. OECEDENT'S E (Specify only highest gre		work done during mos		16b. KIND OF BUS	SINESS/INDUST	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 8+)		,						
🖔	12 17. FATHER'S NAME (First, Middle, Lest)		prin	iter	10 MOTHER'S NAS	printi				
8	John S. Holla	and.				nk) Adkins				
BE	19a. INFORMANT'S NAME (Type/Print)	mu	19b. MAILIN	G ADDRESS (Street a		oute Number, City or Town		fo)		
임	Berna Dean Holl	and								
	29a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of cen	netery, cremetory or	20c. LO	CATION — City	sbury, Md.2180		
	1) Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	ouver piece)	ill Memor		1				
	21. SIGNATURE OF FUNEFIAL SERVICE	LICENSEE		22. NAME AN	D ADDRESS OF FAC	HLITY	, , ,			
	MJ SW	160/20	10		way Fune			Ma 21001		
H	23, PART I. Enter the diseases, o	or complications that c	aused the death. Do					Md. 21801		
	ahock, or haert failur	e. List only one cause	on each line.				,	intarval Between Onset and Death		
	DUE TO (OR AS A CONSCOUENCE OF):									
	disease or condition a. Ischance Cardumy aparthy  DUE TO (OR AS A CONSCOUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSCOUENCE OF):									
임	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE	OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
片	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):						
CERTIFICATION		_ d								
CAL	PART II. Other significant condit	ions contributing to de	eath but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8						1 YES 2		COMPLETION OF CAUSE OF DEATH?		
MEDIC								1 TYES 2 NO		
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)				
YS!	1 VES 2 NO		R/Outpatient 3 DOA	4 - Nursing Hom	a 5 🗆 Realdence	6 Other (Specify)				
표	27. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 26b. TI	IJURY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
Æ	2 Accident Investigation		IN HAPPY As have done		YES 2 NO	204 1 20471011 (2)		Owner Country Manager		
유	3 Suicide 8 Could not 4 Homicide datarmined	oe building, at	INJURY — A1 home, farm, c. (Specify)	, street, factory, offic	•	28f. LOCATION (Street City or Town, Stets)	and Number or I	Hurer House Number,		
=	294. CERTIFIER									
COMPLETED	one)	IVSICIAN: To the best of my						ause(s) and menner as stated.		
응		/		,		2 00-00-0				
BE	296. SIGNATONE AND TITLE OF CENTS	/			29c. LICENSE NUN	8(2	29d. DATE SI	GNED (Marith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (The	oe. Print)	V 30	4 - )	1/	-1113		
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	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	100 40	-W- 311			7 100		
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	田	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

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32. REGISTRAR'S SIGNATURE

Julia Davidson Bondale

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRED MONTH 24 1993 HUCKABEE 1:27 P M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Morith, Day, Year) S.C. 240-13-2524 1 X XM 2 ☐ F Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL HOSPITAL DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY De. Sussex Delmar 1 YES ZE NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Rt #2 Box 257-B 19940 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)

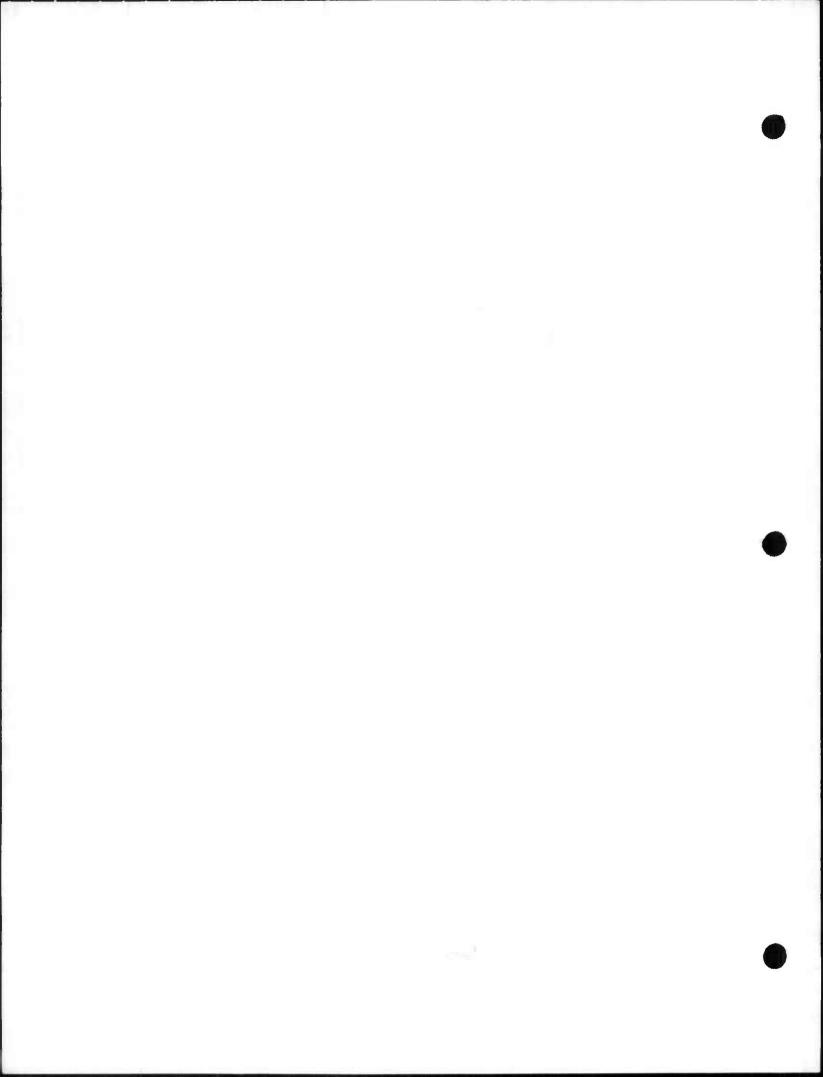
1 YES X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2XX Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Carpenter Auto trim 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Buck Huckabee Patricia Caulder Chestnut 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Belinda A. Huckabee Rt.#2 Box 257-B Delmar, De. 19940 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE emetery, crematory or other place) Laurel Hill Cemetery 1 - 27Laurel, De. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. Wass P.O. Box 204 Delmar, De. 19940 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximate interval Betwe IMMEDIATE CAUSE (Finel Onset and Death Contact Shotgun wound of left chest OUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO OF DEATH? 1 YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 M AR/Outpatient 3 □ DOA OTHER 1 NYES 2 NO me 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. OEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural INFLICTED WOUND SHOT 1:28 01-24-1993 1 YES 2 X ND 2 Accident
3 Suicide
4 Homicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Numb 8 Could not be COMPLETED SUSSEX, DE RTE#2" BOX257-B HOME 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 🕅 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER
A CONSIDER TO CONTRACT MO 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E ▶01-25-1993 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

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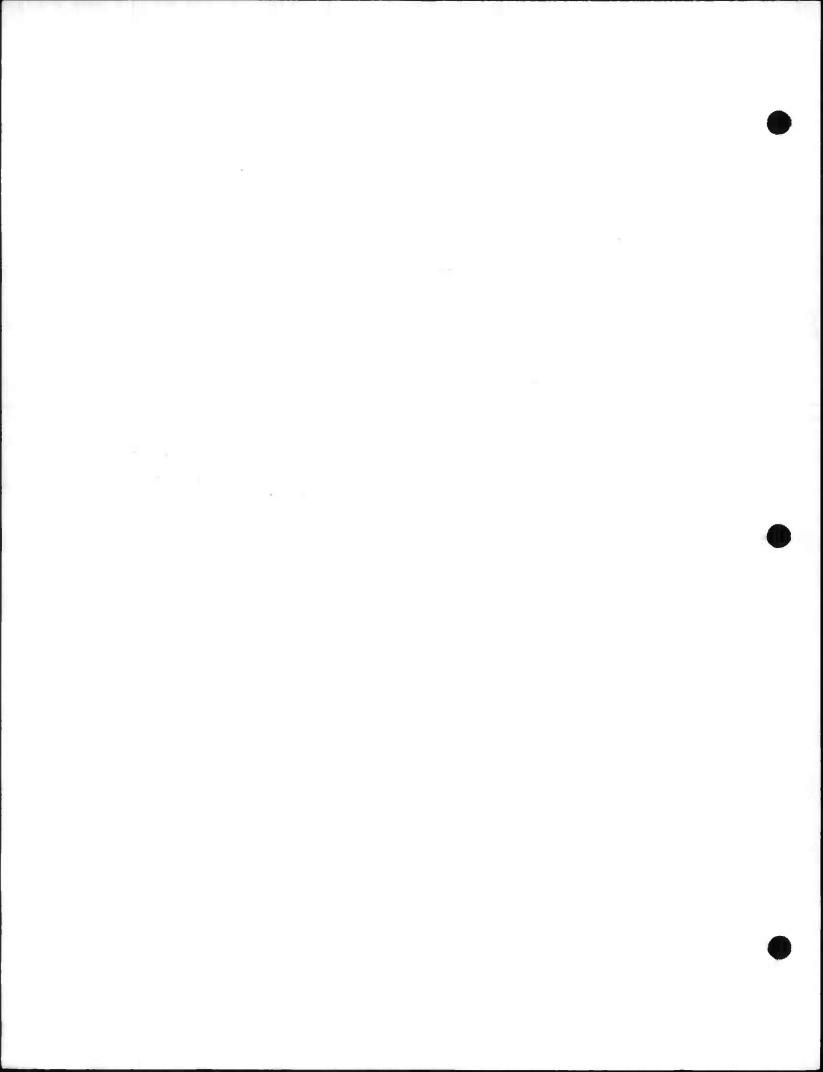
31. DATE FILED MORTH, BOY, YOU'S 1993

320 REGISTRAR'S SIGNATURE
Julia Davidson Bondese

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:ours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1 DECEDENT'S NAME (First Middle I set) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY VEAD THOMAS ROBERT 0145 HUTT 1993 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Dev. Year) 69 DAYS HOURS MIN. 215-12-6602 1 X M 2 T F NOV. 25, 1923 SALISBURY 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR PENINSHIA RECIONAL MEDICAL CENTER SALISBURY WICOMICO 10e. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY **SALISBURY** WICOMICO MD. 1 - YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? USA FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1022 DELAWARE AVE., 21801 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES . 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced AFRO-AMERICAN COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Seconds 11th ondary (0-12) College (1-4 or 5+) RETIRED TRUCK DRIVER LABORER 17. FATHER'S NAME (First, Middle, Last) E (First, Middle, Melden Surname)
MARGIE FARLOW SIDNEY HUTT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADDRESS SAME AS ABOVE MARGARET HUTT 20a METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory of SPRINGHILL MEMORIAL PARK 20c. LOCATION — City or Town, State
HEBRON, MD. □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOYMEY MEMORIAL TCHAPEL, RTE. 2, BOX 920 foller oretta SALISBURY, MD. 21801 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Cardio-Pulmonous Fey mp resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Moeligshinum DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? Estable Ansing. 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED → Netural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as steled. 2 🔲 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND UTTLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ME NU 125036 1126493 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Share Drive SALISBURY. M.D 614 EARTERN HE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

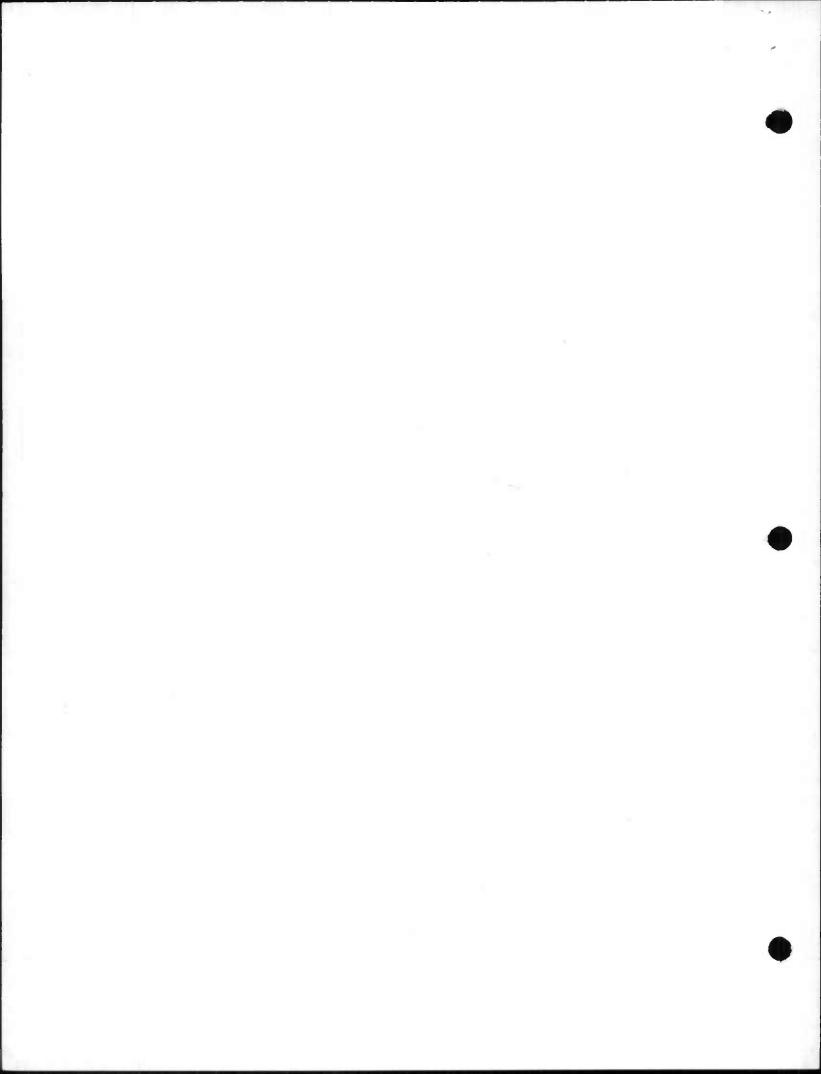


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

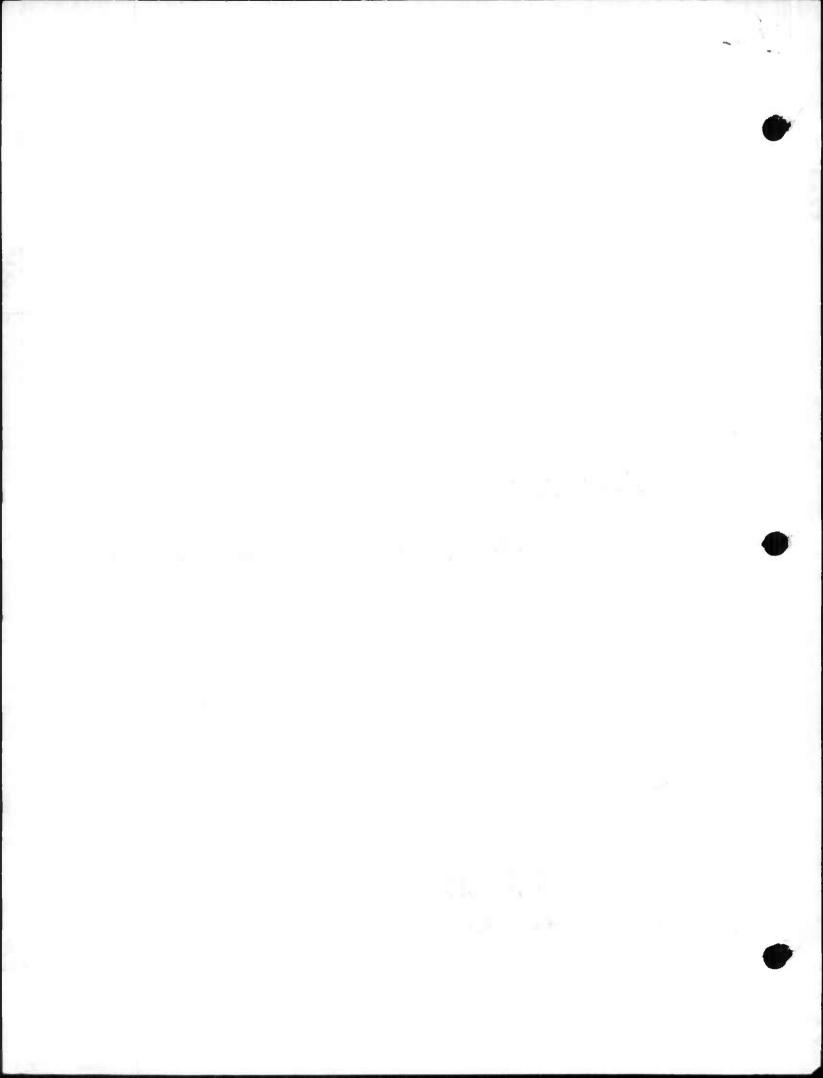
se as the benial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					<del></del>	2. DATE	OF OEATH			3. TIME OF DEATH
	AGNES EMILY HEAD	·V					MONTH				11.30 X M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	hirthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS		ARY 3	-	993	11:30 A M  IPLACE (State or Foreign
	214 28 0002	1 🗆 M 2 🕢 F		YRS.	MONTHS DAY			Day, Year)		Countr	y)
	214-28-9902		81	ins.		YLAND					
	9a. FACILITY NAME (If not institution, give stre	eet end number)		- 1	9b. CITY, TOW	N OR LOCATION OF	DEATH	EATH 9c. COUNTY OF DEATH			
Ö	STAR ROUTE BOX 134	1			CLEM	ENTIS			CIT	N/A	RY'S
5	RESIDENCE OF DECEDENT					AVIS			31	MA	RY'S
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO	CATION					10d, INSIDE CITY LIMITS?
ā	MARYLAND ST. N	ARY'S		CLI	EMENTS						1 YES 2 . NO
7	10e. STREET AND NUMBER					10f, ZIP CODE			10a. CITIZ	ZEN OF V	VHAT COUNTRY?
FUNERAL	CMAD DOLLER DOX 124	ď						ing. officer of			
Z	STAR ROUTE BOX 134	12. WAS DECEOENT	FUED IN LIG AD	450	40, 1170	_20624		21-11			STATES
	1 Never Married 2 Merried	FORCES? 1	YES 2 N	O MED	If yes	ECENDENT OF HISE specify Cuben, Mex	'ANIC ORIGIN Ican, Puerto R	? (Specify Yes Ican, etc.)	or No-	14, RACE Biaci	— American Indian, k, Whita, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES"		10	ES 2 NO Spe	city:			Speci	•
	**				1					WHIT.	E
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of		16a. DE(	CEDENT'S I	USUAL OCCUP	ATION most of working	16b.	KIND OF BUS	SINESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+	) We.	Do NOT use	e retired.)		- 1				
9	12 FOOD SERVICE						P	AROCHI	AT. SC	THOO	T.S
Ö	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NA									0,100	
	JOSEPH DONELAN HURRY						E. RAI	עים			
BE									- 0	0 11	
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	20a. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Remov	rel from State	20b. PLACE A cemetery, cres		F OISPOSITION	(Neme of	OATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		ST. JC	SEPH	S	12	2/3/93	MORG	ΈλΝΖ.Δ	МΔ	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				AND ADDRESS OF	FACILITY		M.M. (CAL)		MIT IND
	- again was	4			BI	RINSFIELD	FUNE	RAL H	OME		
		LANKENSH			59	N. WASH	INGTO	STRE	ET. I	EON	ARDTOWN, MD
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  S. PRUBABLE MYDCARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO CARDIAL ENTARE TO										
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in desth) LAST										ļ
2											
A	PART ii. Other significant conditions	contributing to	death but not re	suiting in	n the underly	ing ceuse given	n Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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							_	1 1 723 2	X		OF DEATH?
2									, .		1 - YES 2 0 NO
3											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH	Check only one	)			
1S	1 YES 2 NO	I ☐ Inpatient 2 ☐	ER/Outpatient 3		4 Nursing F	ome 5 Residenc	6 Other	(Specify)			
PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF I (Month, De	INJURY y, Year)	28b. TIME INJU	JRY	NJURY AT WORK? YES 2 NO	28d. OES	CRIBE HOW II	JURY OCC	URED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF building, of	INJURY — At hor	ne, farm, si			281. LOCA	TION (Street e	nd Number	or Rural R	loute Number,
ETE	4 Homicide determined										
COMPLETED	(Check only 1 CERTIFYING PHYSICI										end manner ee stated.
75 II						29c. LICENSE N	UMBER		29d DATE	SIGNED	(Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIER	1									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	* the	ma			N. M.	25-5		<b>&gt;</b> /	1 ~	1-92
	hom /on	COMPLETED CALIFO	E OF DEATH (ITEM	27) /Fmc	Print)	1014	285		<b>&gt;</b> (	) -	1-93
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	E OF DEATH (ITEM	27) (Туре,	Print)	1014	285		<b>&gt;</b> (	) ~	1-93
BE	hom /on	/ r 17 л	EFFERSON	מידים ז				FONARI	<b>&gt;</b> (	) -	PYLAND



		FOR STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H		MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) CLYDE			НА	RRIS	2. DATE OF DEATH	23 gra	3. TIME OF DEATH 11; 30 A	
29		4. SOCIAL SECURITY NUMBER 225-48-7032	1 R M 2 D F 57	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 13	Co	RTHPLACE (State or Foreign unity) JTH_CAROLINA	
, 2, 3 should	стов	88. FACILITY NAME (If not institution, give st  BOX 46 LINCOLN  RESIDENCE OF DECEDENT				TON PAR		ST.MA	RYS COUNTY	
permit. Pages 1,	DIRE	10e. STATE 10b. COUNTY	MARY'S		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
ısı	JERAL	100. STREET AND NUMBER BOX 46 LINCOLN AVI	ENUE			. ZIP CODE 0653		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
21215-0020 all or attending physician. for use as the burlat-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 XWIdowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□ NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vi If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 XX NO Specify:			ns or No— 14. R. Bl	ACE — American Indian, leck, White, etc. pecify: ACK	
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a completed) College (1-4 or 5+)	or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  LABORER				JSINESS/INDUSTR	Υ	
MARYCAND 2 retained by the hospital 5 should be bettered to notified at once.	SOME	1. FATHER'S NAME (First, Middle, Last)		LADORER			SANITA ME (First, Middle, Maiden			
5 8 1	BE	LEROY HARRIS  19a, INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS /Street		E HATTIE H			
	2	FLOYD HARRIS		[			ON PARK,			
IMORE, Page 6 may be al director, page		20e. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State cemeter	ACE AND OATE OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPANY OF COMPAN	of disposition (Na ther place) MORIAL	me of GARDENS	0ATE 20c. LC 1/27 LEC	OCATION — City of ONARDTOW	N, MARYLAND	
death.			nsfield, Jr. M		Brins Leona	ardtown,	uneral Hom Maryland	20650	•	
24 hours / filled in t tion, or re-		23. PART I. Enter the diseases, or o shock, or heart feiture. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	line.	c Car		has cardiac or resp	•	Approximata Interval Between Onset and Death	
687 ecuted and com burial,	NOI	Sequentially list conditions,	DUE TO (OR AS A CO)  DUE TO (OR AS A CO)							
O. B ertificat ing phy rgiene p	CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):							
IDS, P. the death c y the attend of Mental Hy Injury, or	- 11	PART ii Other significant condition	f	and annual and	an Alban and Ababa					
Meduires that the de been signed by the a ppt. of Health and Ment shows any Injury shows any Injury	MEDICAL	PART II. Other significant condition	s contributing to dawn but h	not rasulting l	n tha underlying	csuse given in	Part I. 24s. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	ack 00ly one)			
OF VITAL  HYSICIAN: The law this certificate has lawith the State Dept  ked, or Item 23	PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpetier	nt 3 🗆 DOA	OTHER:	e 5XX asidence				
	ву Рн	27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 1	RK? (ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED		
TTENDI TTENDI TTOR: A after da	ETED	3 Suicide 8 Could not be determined	28a, PLACE OF INJURY — A building, etc. (Spec/fy)	At home, farm, s	treet, factory, office		261, LOCATION (Street City or Town, State		ral Route Number,	
DIV HOSPITAL OR A' FUNERAL DIREC WITHIN 72 HOURS	COMPL	onel	CIAN: To the best of my knowledge R: On the basis of examination and						se(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	256. Scharyfile ANO TITLE OF CERTIFIER	orke MD			O.C.M.		≥ 1 - 2 4	NED (Month, Day, Year) 4-1993	
	F	TARON COU	0, / 61	11 Per	nn Stre	et, Bal	ltimore,	Maryla	and 21201	
(4)		JAN 26 '93	La REGISTRAR'S SIGNATURE Gulla Davidson	-Randell						



Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be presented by the hourstal or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page strongly desired for use as the burial-transit permit he filled within 72 hours after death with the State fleet of Health and Mental Husiana prior in burial creamation or page after the filled within 72 hours after death with the State fleet of Health and Mental Husiana prior in burial creamation or page after the filled within 72 hours after death with the State fleet of Health and Mental Husiana prior in burial creamation or page at the fundamental state.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nother at once.
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	age 6 n	director,	or mus
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1	s after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- he filed within 72 hours after death with the State Dord of Health and Mental Husians prior to burial premarking to remove	dical e
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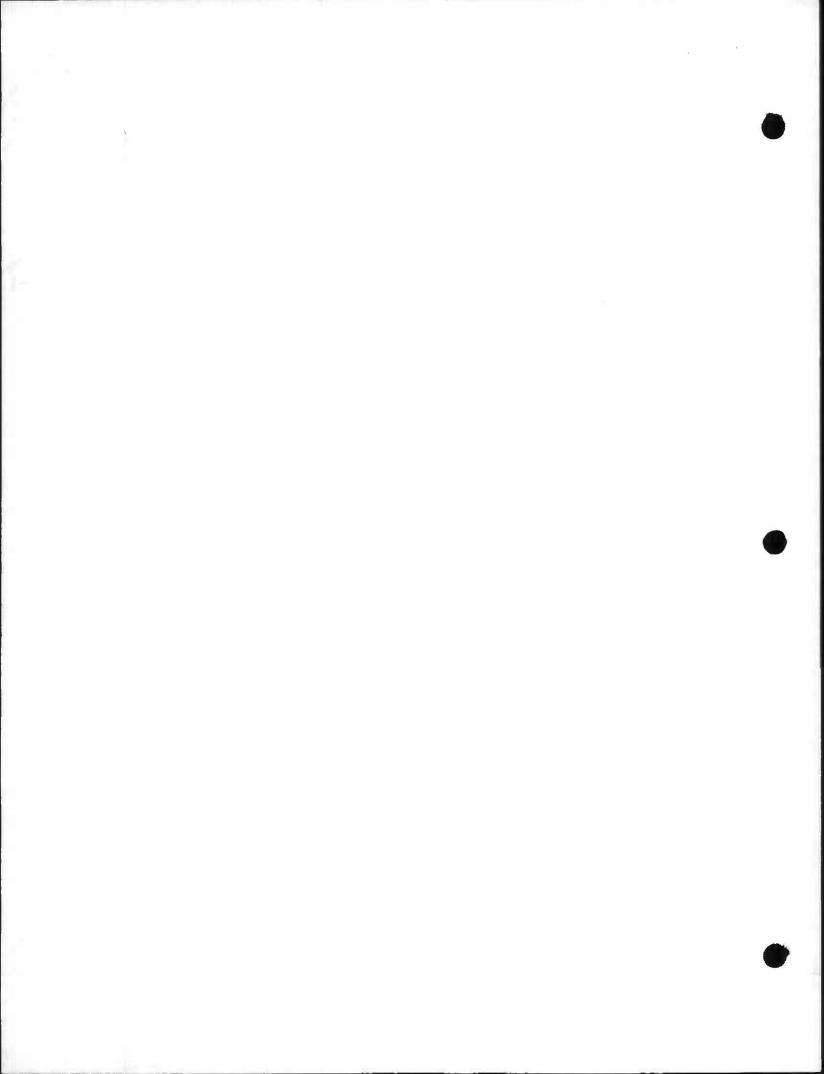
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	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	RTMENT OF	HEALTH F DEAT	AND I	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	KENNETH HARRIS  4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yrs. last	h fash al				01	31	93	М	
	214-34-5447	1 🔀 M 2 🗌 F	55 55	YRS.	IF UNDER 1 YEA MONTHS DAY	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year 6 - 3 -	37	8. BIRTI	Maryland	
OR	9e. FACILITY NAME (If not institution, give a 144 CALVERT ST.	treet and number)		96. CITY, TOWN OR LOCATION OF DEATH EASTON						9c. COUNTY OF DEATH TALBOT		
ECT	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	,		100 017	Y, TOWN OR LO	ATION						
DIRECTOR		LBOT		EASTON						10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	144 CALVERT ST.					2160			10g. CITIZEN OF WHAT COUNTRY?  USA			
FUN	11. MARITAL STATUS 1 Nover Married 2 Married		YES 2 N	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify							E — American Indian, ik, White, etc.	
) BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.  1 YES 2 NO Specify:						Specify Black		
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Gh	DO NOT US	WSUAL OCCUP/ work done during ne retired.)	TION most of workin	g	16b, KIND OF			, ;		
COMPLET	10Hh			TR	uck 1		CR	Self		loye.	d-Trucker	
ш	Wilbur Kenneth Harris Florence Vera Stewart											
TO B	190. INFORMANT'S NAME (Type/Print)  ARIE in a Oliva Harris R. 2 Bax 814 treston Md. 21655											
•	20e. METHOD OF DISPOSITION 1	oval from State	20b, PLACE Al	ND DATE O	OF DISPOSITION	Name of	1	OATE 20c.	LOCATION -	- City or To	own, State	
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE		pir	<u> </u>	AND ADDRES	DRY	9 8 43 L	byck	77	e,	
	1				PA	Roy	1.01	Benn	ie s	1/1/10	FUNR. SERV.	
	23. PART I. Enter the disesses, Dr	complications that	caused the dea	ith. Do r	not enter the i	node of dyi	ng, such	aa cardiac or re	spiratory si	rrest,	Approximata	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition peaulting in death)  PRESTURE CAW CER											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION												
E	resulting in desth) LAST	1										
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to	death but not re	suiting i	in the underly	ing cause g	iven in i	Part i. 24a, WAS PERF 1 TYES	AN AUTOPSY ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
ž								_			1 1 123 2 1 110	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DE	ATH (Che	ock only one)				
14SI	1 VES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 I			4 - Nursing H		sidence	8 Other (Specify)				
	1 Netural 5 Pending	28e. DATE OF (Month, De	ly, Year)	28b. TIMI INJ	URY	NJURY AT YORK? YES 2	i NO	28d. OEŞCRIBE HOY	V INJURY OC	CURED		
ED BY	Investigation   Investigation	28e. PLACE Of building,	INJURY — At hom rtc. (Specify)	ne, ferm, s				281. LOCATION (Stree City or Town, Sta	et end Numbe	r or Aurel F	Route Number,	
COMPLETED		CIAN: To the best of	ny knowledge, deat	th occurre	od at Ihe Ilma, de	te end plece,	end due	lo lhe cause(e) end r	nanner ee ate	ned.		
ĕ.	one) 2 MEDICAL EXAMINE	R: On the beale of ex	emination and/or in	vestigatio	n, in my opinion	death occur	d at the t	time, date end place,	end due lo li	he ceuse(e	end manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	So	AM	D	2	29c. LICE	- 1 4	BER ZZZ	29d. DAT	TE SIGNED	(Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be interined by the hope at the manual or attended to the page 10 may be interined by the hope at the manual or attended to the page 10 may be interined by the hope at the manual or attended to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to the page 10 may be interested to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director map is should be attended to the second map in the state with the State Dect. of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)	0		11/		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH			
	CHARLOTTE  4. SOCIAL SECURITY NUMBER	C.	HUBBARI	IF UNDER 1 YEAR		2 7 7. DATE OF BIRTH	1993	9:23 PM M BIRTHPLACE (State or Foreign			
	216-12-1614	1 □ M 2XX 7	6 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-9-19	17	Maryland			
œ	96. FACILITY NAME (if not institution, give so Meridian Cente	· ·			R LOCATION OF DE	EATH	9c. COUNTY OF DEATH				
6	RESIDENCE OF DECEDENT	rme Pine	28	Easto	1		Talbot				
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT			10d. INSIC				
	Maryland Tal	lbot		Oxfor	ZIP CODE		1 Aves				
RA	226 South Stre	et.		101.	21654		USA				
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAI		N? (Specify Yes or No— 14. RACE — American India				
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES		If yes, spe		Specify: White					
	15. DECEDENT'S EDU	CATION	16- DECEDENT'S IN	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)		rk done during mos		IOU. KIND OF E	OSINESS/INDOS	orni -			
APL.	11	Conlege (I-4 of 6 4)	House	wife							
8	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meid							
BE	William N. Cr	oswell		,		lia Fors					
2	196. INFORMANT'S NAME (Type/Print)  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Patricia H. Martin  5023 Hel's Half Acre, Oxford, MD 21654										
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State										
	4 Donetton 5 Dother (Specify) Salisbury Crematory 2-8 Salisbury MD										
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY					
	> 111. Fr. 1/200	THERE IS (	CF.S.P.			eral Hon					
	23. PART I. Enter the diseases, or			t antar the mo	de of dying, aud	rison S:	piratory arres	t, Approximete			
	IMMEDIATE CAUSE (Finel	Liet only one cause on as	ecn line.					Interval Between Onset and Death			
	disease or condition a. Chronic responstory failure  DUE TO (OR AS A CONSCOUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):										
EH	resulting in death, CAST	d									
	PART II. Other algolificant condition	a contributing to deeth b	ut not resulting in	the undarlying	g cause given in	Part I. 24s. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL		no	ne			1 YES		COMPLETION OF CAUSE OF DEATH?			
								1 TYES 2 NO			
PHYSICIAN:											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)						
TYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 U DOA 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Other (Specify)  28d. DESCRIBE HO	V INJURY OCCU	REO			
	1 Natural 5 Pending	(Month, Day, Year)	ULM	RY WO	PRK? YES 2 NO						
р ву	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	reet, factory, offic	•	261. LOCATION (Stre City or Town, Str	et and Number or	Rural Route Number,			
E	4 Homicide determined	warrang, acc. topoc				City of lown, Sta	ne)				
COMPLETED		ICIAN: To the best of my know	ledge, death occurred	f at the time, date	end place, end du	to the cause(e) and e	nanner as stated				
SON	one) 2 MEDICAL EXAMINI	time, date end place,	end due to the	cause(e) end manner ea stated.							
BE (	29b. SIGNATURE AND TITLE OF CERTIFIE ROBERT W.		AA T		29c. LICENSE NU	MBER		StGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	-		Print)	D10938	-	12	-8-93			
	Robert W. Tre				Easto	n. MD 91	601				
	FEB 9 1993	32. BEGISTRAR'S SIGN	ATURE	,		4, 1111/21	JUL				
	1 LFR 8 1883 ;	The standard - A	HOUSE								

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1	1. DECEDENT'S NAME (First, Middle, Last) HOLLN ALLEN Ha			3. TIME OF DEATH 20			
	DIRECTOR	4. SOCIAL SECURITY NUMBER  3. SEX  6. AGE (In yrs. lest birth  220-24-5439 1 - M 22 F 88 YI	(day) IF UNDER 1 YEAR IF UNDER 24 HRS RS. MONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)  MD			
2. 3 Should		80. FACILITY NAME (11 por institution, give street and number) Hartord Methorial Huspital	96. CITY, TOWN OR LOCATION OF HAVE de C		TY OF DEATH			
020 physician. burlat-transit permit. Pages 1.		MD Harford	CITY, TOWN DR LOCATION		10d, INSIDE CITY LIMITS?			
permit.		10e. STREET AND NUMBER	Havre de		1 X YES 2 NO			
cian. Ftransit	FUNERAL	505 Congress Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED		078 PANIC ORIGIN? (Specify Yea or No	USA			
무율물	TO BE COMPLETED BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mex  1 YES 2 X NO Spe	ican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White			
or afte		(Specify only highest grade completed) (Give kir.	NT'S USUAL OCCUPATION ad of work done during most of working OT use retired.)	166. KIND OF BUSINESS/INDI	JSTRY			
od fo		Elementary/Secondary (0-12) College (1-4 or 5+)	Homemaker					
e de la		17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S	NAME (First, Middle, Maiden Surname)				
MARY retained by 5 should be notified at		Andrew Singleton  19a. INFORMANT'S NAME (Typa/Print)  19b. MA	IVI1:	nnie Nora Cullun				
, MA be retain ge 5 shou e notifi		27 0 4 1-	Hopewell Road, H		· ·			
MORE, MAR age 6 may be retained director, page 5 should or must be notlifled		20e. METHOD OF DISPOSITION 1	ATE OF DISPOSITION (Name of	DATE 20c. LOCATION — C	City or Town, State			
E 50 E		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	n Cemetery 22. NAME AND ADDRESS OF	FACILITY	n Green, MD			
death death		Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197						
urs aft In by		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						
y fill the the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)						
ath certificate be executed trending physician and comial Hygiene prior to burial, or other traumatic ev.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
signed by the Health and M	MEDICAL (	PART II. Other significant conditions contributing to death but not result	ing in the underlying cause given	In Part I. 24s. WAS AN AUTOPSY PERFORMED 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
las b	AN:	25 WE CASE DEFENDENCE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE OF SERVICE O						
一年 皇皇 馬	SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   1/40   1   1   1   1   1   1   1   1   1	28. PLACE OF DEATH ( OTHER: OA 4 Nursing Home 5 Residence					
F 를 를 를	BY PHYSICI		TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. DESCRIBE HOW INJURY OCC	URED			
TTENDI CTDR: A after da	ETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, for building, etc. (Specify)	irm, street, factory, office	281, LOCATION (Street and Number of City or Town, State)	or Rurel Route Number,			
로 경 등 등	COMPLE	29a. CERTIFFIER (Check only)  1 CERTIFFIED PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.						
TO THE HOSPI TO THE FUNEF De filed within	H	29b. SIGNATURE AND TITLE OF CERTIFIERY	NUMBER 29d. DATE	SIGNED (Month, Day, Year)				
	T .	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	Pype, Print) S. Change	LOO HASH	e de Emio			
		31. DATE FILED (MOOTH DOWN MARY 93 32. REGISTRATE'S STANTURE FILED LAW diserver	andell.		7.00			



ached for use as the burial-transit permit. Pages 1, 2, 3 should

once.

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296. SIGNATURE AND TITLE OF CENTIFIER

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30. NAME AND ADDRESS OF PERSON

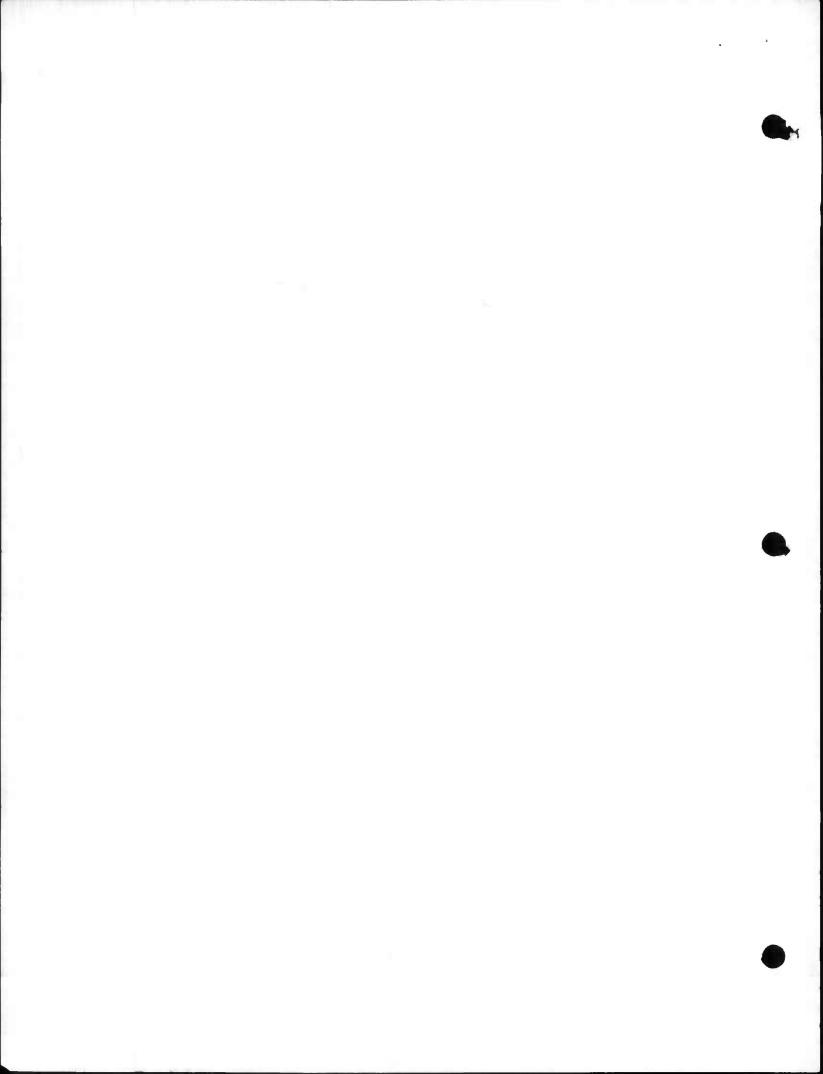
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-	Ę	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified et on
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93 03932 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH P TORACE BROOKS M Tarrison Feb 993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State Country) 7 DATE OF BIRTH 1 X M 2 | F 215-18-8566-A 11/18/1893 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOVRE DE GRACE DIRECTOR Memoria HOSPITA Jar Forn DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Aberdeen 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 223 Carol Avenue 21001 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was assectiv Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican,

1 YES 2 XNO Specify: 1 Never Married 2 Married BY Specify: White 3 🔀 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNK UNK Self employed Contracting 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George Harrison, BE ( Sr. Mary Agnes Brooks 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Dorothy H. Clark 223 Carol Avenue, Aberdeen, Maryland 21001 20a. METHOD OF DISPOSITION
1 M Burlai 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Prospect Hill Cemetery Donation 6 Other (Specify) 2/11 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. ovanne Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in desth) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 2160 1 YES 2 AO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check unity one) EXAMINER? HOSPITAL OTHER: 2 | ERIOUS ME BU DOA 27. MANNER OF DEATH 28s. DATE OF HUURY ZBC. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 - Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 🔲 Suicide 28s. PLACE OF INJURY 28ff. LOCATION (Street and Number or Rural Route Number, City or Taxon, State) COMPLETED 4 | Homicide t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and n (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Wash) 9 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5 AMEZ 32. REGISTRAR'S SIGNATURE whia Davidson-Randall DHMH-16 Rev 1/89



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hours after death. Page 6 may be retained by the hospital or attending physician.

page 5 should be detached for

the funeral

the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo

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The Hospital or Attending P The Funeral Director: After t filed within 72 hours after death '

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Item 28

executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

notified at once.

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CERTIFICATION

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

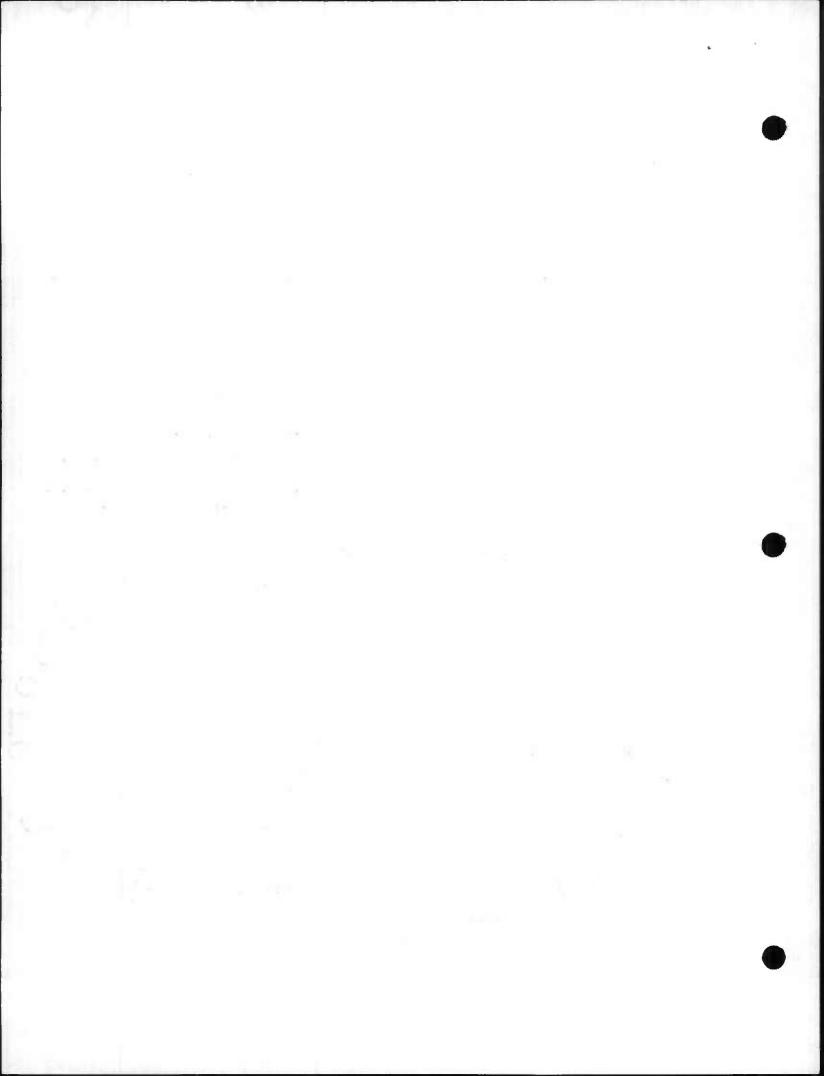
FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Hanks WILLIAM LENNIE 3. TIME OF DEATH HANKS MONTH 2 William Lenni 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 236-18-2759 DAYS 1 M 2 - F 71 YRS. July 22, 1921 Virginia West 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH Fallston General hospital Harfora Fallston RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Edgewood 1 YES 2 NO 10a, STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 608 Meadowood Dr 21040 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Married "White 3 Widowed 4 Divorced WWII 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade col entary/Secondary (0-12) College (1-4 or 5+) Construction 9 Painter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Smith William Samuel Hanks Minnie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Loretta Hanks 608 Meadowood Dr., Edgewood, Md. 21040 20a. METHOD OF DISPOSITION

1 5 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stat 2-12-93 Highview Memorial Gardens Fallston, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ - END STAGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ASCVA - SIP CABET-AVR. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 HO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D35012 30, NAME AND ADDRESS OF P WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BelAir, Md. J. IL . LYNCH ms

31. DATE FILED (Month, Dev. 193

32. HEGISTRADO SIGNATURA PANDADE



TO BE COMPLETED BY FUNERAL DIRECTOR

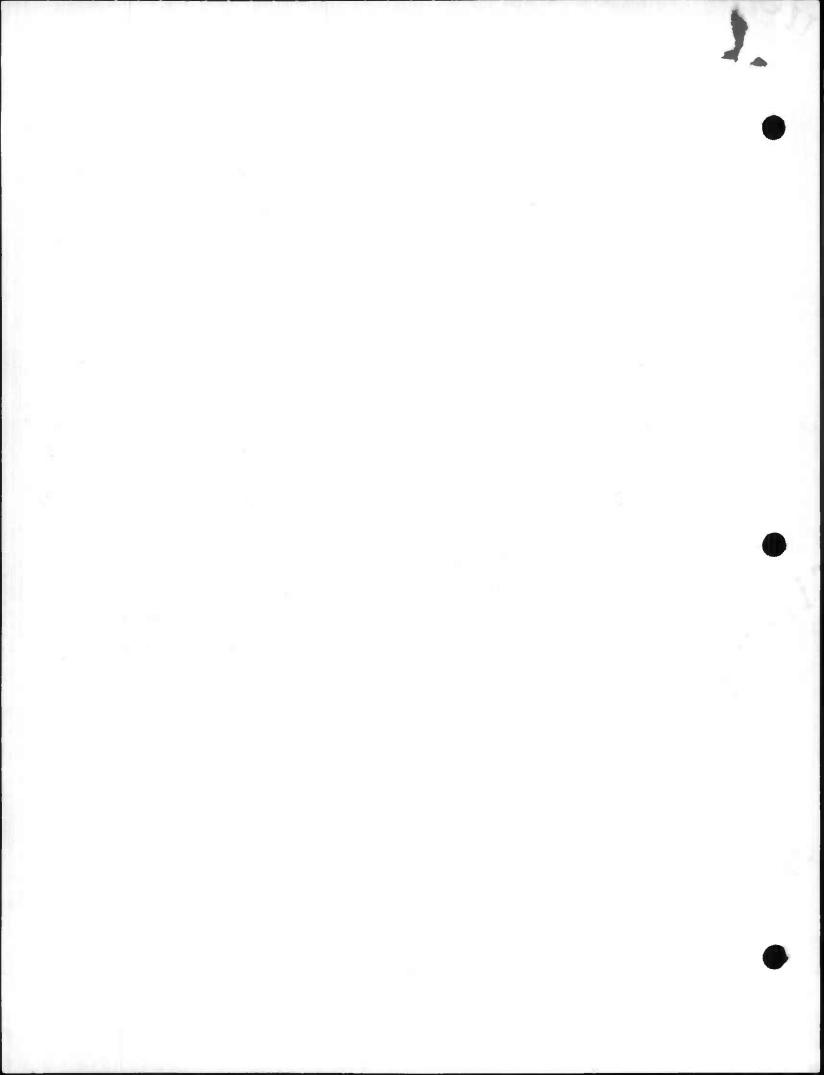
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	ANU / DEPAKI CERTIFIO			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	(DOROTHY_ S	SWIFT HE	NSS)		2. DATE OF DEATH			ME OF DEATH
Dorothy	Swif.		Hens:	5	MONTH DAY		73	7:55 PH
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		7. DATE OF BIRTH		a. BIRTHPLACE	E (State or Foreign
215-01-6924	1 🗆 M 2 💢 F	97 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 19, 1	895	Mary]	land
9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY. TOWN	OR LOCATION OF DEA			TY OF DEATH	Lana
Manokin Manor Nurs				ess Anne,			omerset	-
RESIDENCE OF DECEDENT	aring none		IIIIC	ess Aire,	THID .	50	OHET SE	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				INSIDE CITY LIMITS?
Maryland Son	merset	W	estover					YES 2 X NO
10e. STREET AND NUMBER	/!		10	1. ZIP CODE	_	10g. CITIZ	EN OF WHAT	
6790 Old Westover	Road (Kings	ston)		2187	1		U.S.A.	•
11. MARITAL STATUS	12. WAS DECEDENT EVER II			CENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No—	14. RACE — Ar	marican Indian, ta, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			3 2 X NO Specify:	Puerto Hicen, atc.)		Specify:	and the second
								ite
15. OECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S U (Give kind of wo	ork done durina m		18b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)					
Grade 6 -		Co-Owne	r		Poultr		rm	
17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden S			
Theodore Swift				Matild	a Matthews	5		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Ro	oute Number, City or Town	, State, Zip	Code)	
Wayne Archer (Neph	new)	4 Lati	mer Ct.	- Apt. 1	- Baltimo	re, l	MD 212	237
20a. METHOD OF DISPOSITION 02- 1 St Burial 2 Cremation 3 Remo	07-93 26t	other place)	TION (Name of ce	metery, crematory or			City or Town, St	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
4 Donation 5 Other (Specify)	St	nnyridge	Memoria	al Park	C	risfi	leld, M	1D
21. SIGNATURE OF TUNEBAL SERVICE LIDE	SPACE /	/		ND ADDRESS OF FACI		**		
Robert H. Brad	ally	$\sim$			ns Funeral t. – Crisf			21817
23. PART I. Enter the diseases, or co		d the death. Do no					•	Approximate
shock, or heart failure. L	ist only one cause on a	ach line						
		acit mio.					i	Interval Between
iMMEDIATE CAUSE (Finel disease or condition		_		2		1		Onset end Death
		_	pira	fony !	Ames	F		
disease or condition		_	pira	fory !	Ames	+	0	
disease or condition resulting in death)	Cavali DUE TO (OR AS A A flee	A CONSEQUENCE OF	spira votic	fony !	Ames + Di	t cas	e	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Cavali DUE TO (OR AS A A flee	_	spira votic	Jean Jean	Ames + Dis	kasi	e	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF	0	Jean Hear	Ames + Dis	t cas	e	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	0	Jean 1 Jean	Ames + Dis	kas.	e	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	:	ng ceuse given in P	Part I. 24a. WAS AN	AUTOPSY MED?	2 4b, WERI AMAIL COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH?
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-		4. SOCIAL SECURITY NUMBER 2/9-78-9/34	5. SEX 8. AGE (In yrs	YRS. WONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	144 a. B.	IRTHPLACE (State or Foreign ouritry)			
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permit. Pages 1,	DIRECTOR	RESIDENCE OF DECEMENT  104 STATE  106. COUNTY  107 G	1111	10c. CITY, TOWN O	A I H	ion for			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
ansit permi	FUNERAL	727 Rainbou	VCf.		101.	21/57		10g. CITIZEN	OF WHAT COUNTRY?			
ding physician.	B	11. MARITAL STATUS 1  Never Married 2 Married 3  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	DNO	If yes, spe-		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		RACE — American Indian, Stack, White, etc.			
al or attend for use as	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		a. DECEDENT'S USUAL OF (Give kind of work done life. Do NOT use retired.)	during mos		16b. KIND OF BU	ISINESS/INDUSTR	Fog			
be def	E COMPL	17. TATHER'S NAME (First, Middle, Leat)	Shiel	, ,	101-		AME (First, Middle, Malden	Surname) Ta	- K			
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)  JG M & S	Hull Jr.		//- "		Route Number City or Tow					
ge 6 may be irector, page		20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Remo 4   Donation 5   Other (Specify)	oval from State	ACE AND DATE OF DISPOS Cy. cramater or other place)	SITION /Nan	ame of	204 20c. 40	COMPETER	Town State Ad.			
ter death. Page 6 m the funeral director, oval.		P1. SIGNATURE OF FUNCAL SERVICE LICE	LIII	22.	NAME AND	ND ADDRESS OF FA	F. 4.	hlest	hinster Ad			
24 hours at filled in by ion, or rem he medic		23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each	o death. Do not enter fine.	the mod	de of dying, such	th as cardiac or reap	FAS	Approximate interval Between Onser and Death			
8 5 - 5	N	Sequentially list conditions,	DUE TO (OF AS A COI	PULM	101	VARI	1 A	ND				
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th certi ending if Hygie or oth	CERTIFI	that initiated events resulting in death) LAST	. PERIC	ARDI	AL		AMPO	DE.				
을 들을 들	EDICAL	PART II. Other significant conditions	a contributing to death but n	ot resulting in the ur	nderlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
The law requires that the law been signed by a see Dept. of Health and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man	AN: ME								1 WES 2 NO			
AN: The law inficate has state Dep	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatier	ont 3 DOA 4 Nur	R:	ACE OF DEATH (Ch	6 Other (Specify)					
NG PHYSICIAN: The start this certificate that with the State marked, or item	PHY	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJU WOF		28d. DESCRIBE NOW	INJURY OCCURE	0			
TTENDING TOR: After after death	тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street, faci		281. LOCATION (Street City or Town, State)		ral Floute Number,				
SPITAL OR A NERAL DIREC hin 72 hours NT: 11 item	COMPLE		CIAN: To the best of my knowledge						use(s) and manner as stated.			
TO THE HOSPITAL (TO THE FUNERAL DE filed within 72 h	88	296. SIGNATURE AND TITLE OF CERTIFIER	ms			29c. LICENSE NUM	MBER XX	29d. DATE SIGN	NED (Month, Day, Year)			
₽₽#₹	5	30. NAME AND ADDRESS OF PERSON WHID	COMPCETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	<u></u>	MASOI	TAU - TA	11)(y N	T. 75 MJ21204			
		31. DATE FILED (Month, Day, Year) FEB 0 8 °93	32. REGISTRAR'S SIGNATUR Julia Davidson-1	RE Pandell		402111	TL. 1-	00.307	11471207			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEI	_	
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE THOMAS	HUGHE			540	2. DATE OF DEATH MONTH January 2		3. TIME OF DEATH 5:15 p.
	4. SOCIAL SECURITY NUMBER 214-07-6487	1∭M2□F 79		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-1-191	8, B	NRTHPLACE (State or Foreign ountry)  Md.
TOR	9a. FACILITY NAME (If not institution, give si Memorial Hospita. RESIDENCE OF DECEDENT	,		Cumber	on Location of D	EATH	9c. COUNTY	egany
DIRECTOR	10a. STATE 10b. COUNTY	legany		own on Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Route 1, Box 2	28		10	21545		10g. CITIZEN U a S	OF WHAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (2) YES IF YES, GIVE WAR OR DATE WAS A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	2 NO	If yes, s	cendent of Hispa pecify Cuben, Mexico S 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	ALM N	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S US (Give kind of worl life. Do NOT use n	done during m			JSINESS/INDUST	RY
MP	10		Custo	dian		Scho	ools	
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Melder	n Sumame)	
B	George W. Hugh	nes				s Crowe		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		,
	Judy H. Williams					, Norfolk,		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ceme S	PLACE AND DATE OF I tery, cremetory or other it. George	Cemet	ery	1/30 Mt.	Savage	
	A OF PUNERAL SERVICE DE	Horn			Funeral	Home, Fro	stburg	Md.
Z	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch line.			ch as cardiac or reap		Approximate interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Mets	CONSEQUENCE OF):  CONSEQUENCE OF):  On - (	Bon	res 146 ca	retial 8	Henc	tn+.
PHYSICIAN: MEDICAL	PART II. Other algorificent condition	a contributing to death bu	it not resulting in 1	he underlyin	g ceuse given in	Part I. 244. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MASS, ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ta	NAME OF TAXABLE PARTY.	LACE OF DEATH (C)	neck only one)		
YSI	1   YES 2   2 NO	1 inpetient 2 - ER/Outpet		THER: Mursing Hor	ne 5 🗆 Residence	6 🗆 Other (Specify)		
ВУ РН	27. MANNESP OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	IMA. TIME O	w w	JURY AT DRK? YES 2 MO	28d. DESCRIBE HOW	INJURY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, stre	et, factory, aftic		28f. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number
COMPLETED	29st. CERTIFIER (Check only 2   MEDICAL EXAMENS:	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred a and/or investigation, i	t the time, date	s and place, and due death occured at the	to the cause(x) and ma	nner as stated.	se(s) and manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIER			u with Citizense Ale	29s. LICENSE NUI		1	HED (SKAIN, Day, War)
) BE	0				D 23371		D 1/-	28/53
٩	Dr. Qamar Zaman				Cumber1	and, MD 2	21502	1
	31. DATE FILED (Month, Day, Year) FEB 0 3 199	32. REGISTRAR'S SIGNAL					and the second	

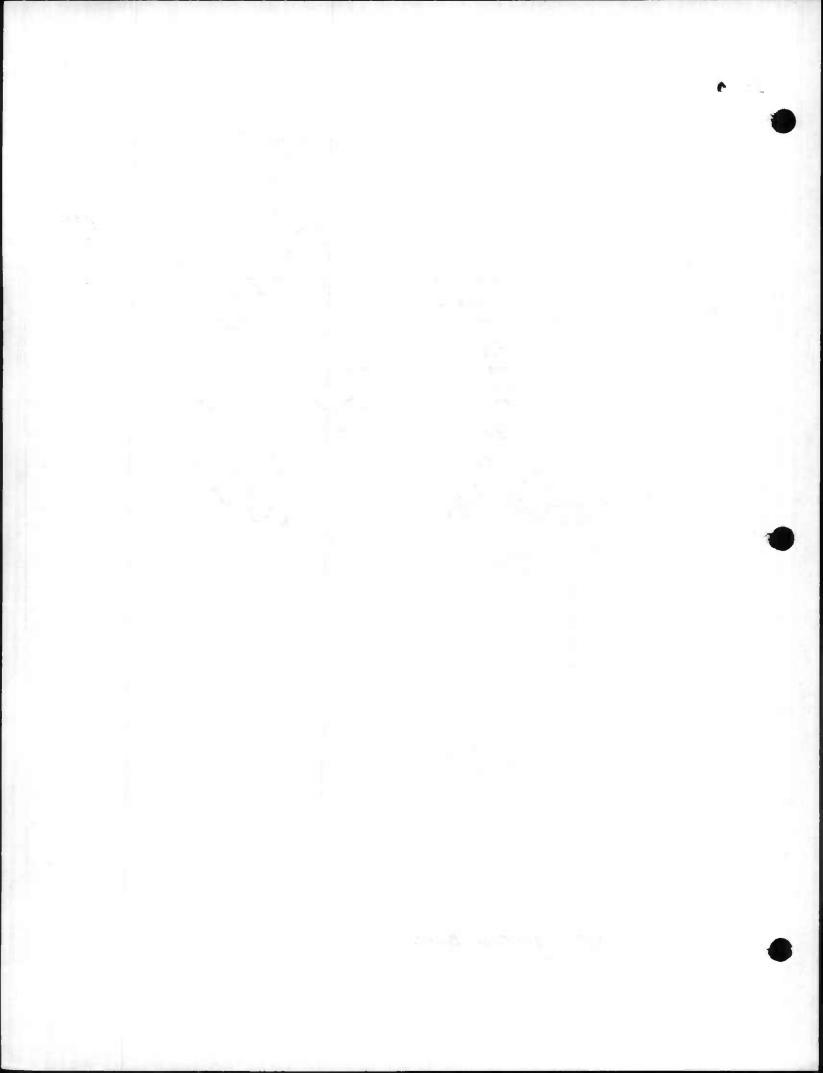
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PHY	the state	With	rke 6
NG	ther	eath	EE
ENO	R: A	or d	90
F	6	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	28
8	DIR	hour	Te.
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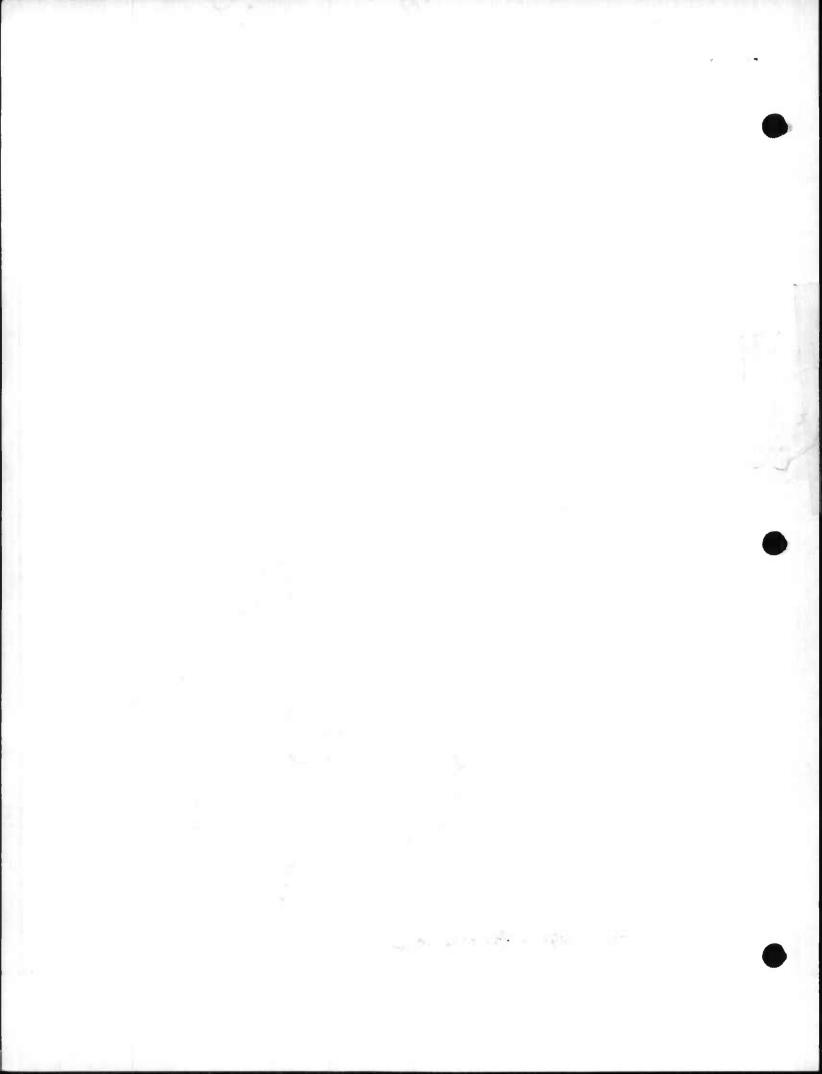
32. REGISTRAR'S SIGNATURE

				ICATI					OF DEATH		7, 1	3. TIME OF DEATH
Jam	es Wil	liam H	oovei	r				F a	. 0	19	93	1:00 p
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER			R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
214-16-2028	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	3 - 7	- 1 9		Mary	land
Pa. FACILITY NAME (If not institution, give atr Route 2, Box 14		LEiko	DY				ION OF D				TY OF DE	
RESIDENCE OF DECEDENT	1, Pau	rike	Ru		rie	nas	vill	e		6 a	rret	J
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION			-			10d. INSIDE CITY
	rett		Fi	rien	dsv	ill:	е					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	1 5				101	ZIP COL	-7					HAT COUNTRY?
Route 2, Box 14							531		_		SA	
1 Never Married 2 Married		YES 2 X	NO		If yee, ap	ecify Cub	en, Mexica	an, Puerto	N? (Specify Ye Rican, atc.)	a or No-		— American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 X NO	Specif	ly:			Specif	hite
15. DECEDENT'S EDUC (Specify only highest grade of		16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON .	los	164	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of fe. Do NOT u			ot or work	""					
6 th		C	onsti	ruct	ion				ome I		veme	ent
17. PATPIER'S NAME (FIRST, MIDDIO, LEST)	lewie	Hoov	ar			18. MOT			Middle, Malden la St			
19s. INFORMANT'S NAME (Type/Print)	LCWI			ADDRES	S (Street s	and Alumba			ber, City or Tow		0-4-1	
Juanita Savage			Route							215		
20a. METHOD OF DISPOSITION		20b. PLACE	E AND DATE	OF DISPOS	SITION /A/a	me of		DAY	E 20c 10	CATION -	City or Toy	vn. State
1 X Burlal 2 Cremation 3 Remo	val from State	B 0 0	minq	Ro:	se (	eme	ter	v   2-	7 Fr	iends	vil	le, MD
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22.	NAME AN	ND ADDRE	SS OF FA	CILITY				
1 Lune	O low.	mau		I N	ewm	an Mai	une	ral	Home	S, P	iA.	MD 21536
23. PART I. Enter the diseases, or co	omplications the	t caused the c	leath. Do i	not enter	the mo	de of dy	ing, auc	h ea cer	diec or resp	iratory arr	est,	Approximate
ahock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cet	ise on eech iir	16.									Interval Between Onset and Deat
disease or condition resulting in death)	Ventric											Minutes
	OUE TO	(OR AS A CONS	EOUENCE O	F):								
Sequentially list conditions,	Ischemi	C Heart										Years
If any, leading to immediate cause. Enter UNDERLYING	Arterio			,	-Vac	2011	ar D	iseas				Unknown
CAUSE (Disease or Injury that initiated events		(OR AS A CONS			7 146	Cul	AL 15.	Locat		-		Official
resulting in death) LAST												
PART II. Other aignificant conditions	contributing to	death but not	requiting	in the ur	derluine	2 681100	aluan In	Dort I		ALETONON	Lan	
Coronary artery			rougiting	1,0 0	identymi,	y cadeo	given in	rant I.	PERFOR	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Cerebral Vascul			90					_	1 TES 2	XXNO	1	OF DEATH?
								_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF	DEATH (Ch	eck only o	ne)			
XX YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER	R: sing Hom	5 XA	esidence	8 🗆 Othe	r (Specify)			
27. MANNER OF OEATH  1 7 Netural 5 Pending	28a. OATE OF (Month, D		28b. TIM	E OF	26c. INJ	URY AT		28d. DE	CRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation	AA. BU 105.0			M		/ES 2 [	NO					
	building,	F INJURY — At h atc. (Specify)	ome, ferm,	street, fact	lory, offici			281. LOC City	ATION (Street in or Town, State)	and Number	or Rural Ro	oute Number,
3 Suicide 6 Could not be determined									- 7			
4 Homicide determined			-									
4 Homicide determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC												
29a. CERTIFIER (Check only one) XX MEDICAL EXAMINER						eath occu	red at the	time, deta		d due to the	cause(a)	and manner as stated.
4 Homicide determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC						eath occu		time, dete		29d. DATE	SIGNED (	and manner as stated.  Month, Day, Year)  ry 5, 1993



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR ANNA HUTSON p. 1993 РМ February 1:30 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Mogth, Day, Year) 17–1906 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 86 DAYS HOURS 1 🗆 M XX F 199-18-8030 YRS DΔ Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Allegany Cumberland RESIDENCE OF DECEDENT 10e STATE 10h COUNTY use as the burial-transit permit. Pages 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD **Allegany** Cumberland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 270 USA 21502 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie 1 TES 2 NO Specify. BY 3 Widowed 4 N Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached for spinning dept. Textile unknown 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ Nancy Frances Smith BE Jacob Harry Adams notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 5 Susie Miller 203 Wempe Drive Cumberland MD Pe 20a. METHOD OF DISPOSITION

1 Dispress 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Sunset Memorial Park 2-10 Cumberland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Scarpelli Funeral Home led in by the f., or removal. 23. PARY/I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, event, the medical completely filled in by rial, cremation, or remo Approximate shock, or haart fallura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 2 executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): attending physician and commutal Hygiene prior to burial, DJA other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be rEUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traur OBS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Impetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO В 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER I/Check only 1 CERTIFYING PHYSICIAN: To the past my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner se atated. 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER HE HE 12/8 143 D 36766 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Vik Poonai-P.O. Box 338-Cumberland, MD 21501 32. RASISTRAR'S SIGNATURE



Mine and imposition and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the many properties prior to burial, cremation, or removal. the majorate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law remains to THE FUNERAL DIRECTOR: After this certificate has been upper to be filed within 72 hours after death with the State Dept. of Herman Membrane. IMPORTANT: If Item 28 is marked, or Item 23 shown and Membrane. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF			- 38	3. TIME OF DEATH.
	WILLIAM	R.	INTE	- 1						MONTH 6	2 _0	w /	23	13:06 "
H	4. SOCIAL SECURITY NUME 578-40-3519	BER	5. SEX		t. last birthday)	IF UNDE	DAYS	HOURS	MIN.	7. DATE OF (Month, Di			8. BIRTH Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in			69	YRS.					AUG. 6	, 19			INGTON, DC
œ	HOLY CROS					1		OR LOCATI		EATH			JNTY OF O	
DIRECTOR	RESIDENCE OF DEC		IIAL			SILVER SPRING MONT						TGOM:	ERY	
<b>₩</b>	10a. STATE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIGE CITY LIMITS?		
	MARYLAND	M	ONTGOMERY	ζ	SI	SILVER SPRING						1 VES 2 NO		
ا ≩	100. STREET AND NUMBER	ATTNI D					10	1. ZIP COD	E			10g. CIT	TIZEN OF W	HAT COUNTRY?
FUNERAL	10213 DUV	AWN P.	LACE					_	2090				ISA	
	1 Never Married 2 1	Married	12. WAS DECEDEN FORCES? 1	X YES 2	□ NO	13.	If you, of	ecify Cubi	ın, Mexicai	IIC ORIGIN? (S n, Puerto Rice	pecify Yes n, etc.)	or No-	Black	— American Indian, , White, etc.
ĭ B	3 Widowed 4 Divo		IF YES, GIVE W	MR OR DATES			1 TYES	2 □XNO	Specify	r:			Specif	WHITE
		EDENT'S EDUC y highest grade			DECEDENT'S	USUAL (	OCCUPATI	ON		18b. Kill	O OF BUS	INESS/IN		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +	-)	(Give kind of life. Do NOT u	se retired.)	) )	ost or world	ng					
₹ I	12			E	LECTRI	CIAN				W.R	A.M	. C.		
ဗ ၂	17. FATHER'S NAME (First, M							18. MOT	HER'S NAI	ME (First, Midd	le, Maiden	Sumame)		
<b>#</b>	ANTONIO  19a. INFORMANT'S NAME (7)		INTELLINI		_	_		ROS				PRE		
2	MARY A. INTE									Route Number, (				
į	20a METHOD OF DISPOSIT	ION		20h B! A	CE AND DATE				E. S	LLVER			MD 20	
ı	1 Buriel 2 Cremation	n 3 🗆 Remo	oval from State	cemetery	crematory or c	ther place	)		0.17	1			PRINC	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSÉE /	Λ	· OF H	F R	MAME A	NO ADDRE	SS OF FA	LINS F	IIMED	AT YE	OME	7110
	· lm	new	St.Co	lo		PU	U UN	IVER	STTY	RTAD.	, W.	, SI	L. SF	O., MD 20901
	23. PART I. Enter the di ahock, or he	iseasea, or c	omplications the	caused the	death. Do	not ente	r tha mo	de of dy	ing, auch	an cardiac	or reapi	ratory ar	Teat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin		Va		1 0	10		7	1	0	1			Onset and Death
	disease or condition	<b>→</b>	MU	roce	no	va	1	10	MI	na	we			
			DUE TO	OR AS A CON	SEQUENCE O	F):			12-	la				
HIFICATION	Sequentially list conditi		DUE TO	OR AS A CON	SERVENCE O	F):	7	n	09					
3	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	ON	ra	truck	2	12	100	all	rit	Jane.			!
	that initiated events resulting in death) LAS		IN TO	OR AS A CON	SEQUENCE O	F):				0				
E H	Treating in Geen) LAS		1											
1	PART II. Other aignifica	nt condition	contributing to	death but no	ot resulting	in the u	nderlyin	g cause (	given in i	Part I. 24	. WAS AN			WERE AUTOPSY FINDINGS
010	erep	hu	cegel	a	in	· On	1.	_/		_ 10	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
៷	Fre s	yeli	nu	8	14	u	die	ali	de					1 YES 2 NO
ž	Cow	nu	uz 11	ea	it	2	ul	u	re					
PH TSICIAN:	25. WAS CASE REFERRED TO EXAMINER!	MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ick only one)				
2	1 TUYES 2 NO		1 c Inpatient 2			4 🗆 Nu	rsing Hon		sidence	6 Other (Sp				
	27. MANNER OF DEATH	Pending	26e. DATE OF (Month, De		28b. TIM	URY		PRK?		28d. DESCRI	BE HOW IF	JURY OC	CURED	
2	2 Accident	investigation	28e. PLACE O	F INJURY - A	t home form	etraat fac		YES 2	NO	DOM LOCATIO	Al (Const.)			
COMPLEIED		Could not be determined	bullding,	etc. (Specify)	t nome, ram,	atreet, rec	nory, orne	•		281. LOCATIO City or To	wn, State)	nd Numbe	r or Hural H	oute Number,
4	29a. CERTIFIER	IEVING DHVSI	CIAN: To the best of		death server		4							
ž I	(Check only one) MEDI	CAL EXAMINE	3: On the basis of of	Inination and	or investigation	on, in my	opinion, d	end place.	ed at the t	to the cause(s time, data and	) and man place, and	ner ea sta 1 due to ti	ited. he cause(a)	and manner as stated.
	296. SIGNATURE AND STYLE								NSE NUM					(Month, Day, Year)
	1 200	ug	The	le	`~, `	us		20	05	62		<b>&gt;</b>	2/	1/93
=	30 NAME AND ADDRESS OF	PERSONWHO	COMPLETED CAUS	E OF DEATH (	ITEM 27) (Type	, Print)				. > /	7	in	1	
	DAIZIZY J	LE	VINI	70		51	Fen	NW	ood	Rd.	- Ke	The e	1 6	1. Md
	31. DATE FILED (Month, Desc.)	50°	32. REGISTRA	Parids	-									/
		00	- Comme	- MANAGE	mylasia	المال								

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	- }}	1. DECEDENT'S NAME (First	, Middle, Last)	,-			7	-	40 -	2.	DATE OF DEATH		YEAR 3.	TIME OF DEATH
			dna		ANGELIN				ma	n	1 3	0 9	73	10:25 M
		4. SOCIAL SECURITY NUMBER		5. SEX 1  M 2  F	6. AGE (In yrs. las		MONTHS I	YEAR DAYS	HOURS N	WIN.	DATE OF BIRTH (Morith, Day, Year)		Country)	ACE (State or Foreign
pinous		578-32-846			65	The.	9h CITY T	DWM O	R LOCATION		<u>'eb. 26, </u>		Mary TY OF DEAT	
2, 3 sh	CTOR	St. Mary's	Hospit						rdtow				. Mar	
<del>-</del>	I W I	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CITY	TOWN OR	LOCATI	ION					d. INSIDE CITY
permit. Pages	DIA	Maryland	St.	Mary's			allaw							LIMITS?
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an. ransit	FUNER	Box 49							206				J.S.A	•
020 physician. burlal-transit		11. MARITAL STATUS 1 Never Married 2	Married		YES 2 N	MED	H y	es, spe	city Cuban, li	Mexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	4. RACE — Black, W	American Indian, filte, etc.
21215-0020 I or attending physician. for use as the burlal-tran	BY	3 Widowed 4 X Divo	proed	IF YES, GIVE WA	H OR DATES		1 1	_ YES	2 X NO :	Specify:		sa [	Whi	te
	ETED	(Specify onl	EDENT'S EDU		16a. DE	CEDENT'S I	USUAL OCC ork done dur retired.)	UPATIO	N at of working		16b. KIND OF BU	SINESS/INDU	STHY	
0 2 2	F	10th Grade		College (1-4 or 5+)	ino.						II C	~		
AND the hospit detached	COMPL	17. FATHER'S NAME (First, M				Secti	etary		18. MOTHER	'S NAME (	U.S. (		ment	
Z & & W	BE	Wilson	L.		Drury		_		Mar	-6	Louis		Adan	ns
MARY retained to 5 should notified	9	Judith Ann									Number, City or Tow			0626
page S		20a. METHOD OF DISPOSIT			20b. PLACEA			_			vood, Ma:	CATION - C		0636
BALTIMORE, ber death. Page 6 may be the funeral director, page wal.		1 Burial 2 Crematic	(Specify)	oval from Stata	cemetary, cred	matory or oth	ner placa)	ONTIVAL	THE OF	1	31/93 C1:			
ALTIM death. Page thereal direct.		21. SIGNATURE OF FUNERA	L SERVICE LIC	1 //	Δ.		22. NA		D ADDRESS	OF FACILIT	Υ			
BAL ber death the fund wal.		Muche	rel X.	Harde	ner						diner Fu Leonardto			
rs aff remo		23. PART I. Enter the d shock, or h	iseases, or c	complications that List only one ceus	caused the de	ath. Do n	ot enter th	e mod	de of dying,	, such as	cardiac or resp	ratory arre	st,	Approximate interval Between
file fon,		IMMEDIATE CAUSE (Fir disease or condition	inc				73				7			Onset and Death
ted within 24 completely fille (al. cremation, the		resulting in death)	<b>→</b>	. Meto	OR AS A CONSEC	D C		2	asi	Ca	ncer			flier
ceccuted within and completely burial, creman mattic event,	N	Sequentially list condit	ione C	b										
O be clan	CERTIFICATION	if any, leading to imme	diate	DUE TO (C	OR AS A CONSEC	S A CONSEQUENCE OF):								
ficat physone p	FIC	CAUSE (Disease or injuthat initiated events		DUE TO (C	OR AS A CONSEC	UENCE OF	):							
eath certi attending ral Hygie Y, or oth	ERT	resulting in death) LAS	T L	d										
DS,	IT C	PART II. Other significa	int condition	s contributing to d	leath but not n	esuiting is	the unde	rlying	cause give	en in Part			24b. WE	PE AUTOPSY FINDINGS
CORDS	OICA										1 TYES 2		00	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
iii ii ii ii ii ii ii ii ii ii ii ii ii	ME													YES 2 NO
L aw law	AN:	25. WAS CASE REFERRED TO	O MEDICAL											
OF VITAL R HYSICIAN: The law in his certificate has be with the State Dept., ked, or Item 23 si	SICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient 3		OTHER:		ACE OF DEAT	7.9.4. (D)	Other (Specify)			
OF V PHYSICIA this certif with the ted, or	PHY	27, MANNER OF DEATH		28a. OATE OF III (Month, Day	YRULE	28b. TIME	OF 28	c. INJU	JRY AT	-	. DESCRIBE HOW I	NJURY OCCU	IRED	
	ВУ		Pending Investigation				M	1 🗌 Y	ES 2 N	0				
DIVISION OF VITA DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State D Item 28 is marked, or Item			Could not be detarmined	28e. PLACE OF building, et	INJURY — At hor tc. (Specify)	me, farm, st	reet, fectory	, office		261.	City or Town, State)	and Number o	r Rural Rout	Number,
DIVI DIRECT DIRECT Hours a	LET	29a. CERTIFIER	IEVING PHYSI	CIAN: To the best of m	n knowledne de		4 - 2 - 2 - 2 - 2 - 2	-		40 A S S S S S S S S S S S S S S S S S S	=			
4 7 2 F	COMPLETED			CIAN: To the best of m R: On the basis of exa										d manner as stated.
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 MPORTANT: II		29b. SIGNATURE AND TIPE			_				29c, LICENSI					onth, Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within ? IMPORTANT: I	O BE	Sail	()	Me.	m				DZ	52	30	•	1/	30/43
	5	36-HAME AND ADDRESS OF											-	
_		David C.  31. DATE FILED (Month, Day.		M.D.	Leonar	dtow	n, Ma	ryl	and 2	20650	)			
		FEB	1 '93	Julia Da	'S SIGNATURE	ndelle								
				U			741							DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

records that the certificate be executed within the surface death. Page 6 may be retained by the hospital or attending physician.	the strength of the mineraling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the mineral hygiene prior to burial, cremation, or removal.	mount my injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICAN: The	TO THE FUNERAL DIRECTOR: After this certificate he be filed within 72 hours after death with the State Day	IMPORTANT: If Item 28 is marked, or Item 2.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	'H	3. TIME OF DEATH	
	CLEVIE	MAE		Jenk	ins	January	29 199	3 0830 M	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	1 8.	BIRTHPLACE (State or Foreign Country)	
	212-03-4738		9 YRS.	MONTHS DAYS	HOURS MIN.	09/07/		arvland	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
DIRECTOR	PENINSULA REGION	NAL MEDICAL (	CENTER	SALIS	BURY		WIC	OMICO	
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LOCAL	ION			10d. INSIDE CITY	
E	Maryland Wic	omico		ruitla	nd			LIMITS?	
=	10e. STREET AND NUMBER	OMICO			. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?	
BY FUNERAL	104 W. Cedar L	ane			21826			II S	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specif	y Yea or No- 14	RACE — American Indian, Black, White, etc.	
7 7	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES			city Cubes, Maxica 2 NO Specify		i.)	Specify:	
191	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of	USUAL OCCUPATION work done during mose retired.)	ON at of working	16b. KIND O	F BUSINESS/INDUS	TRY	
ا ڐ	Elamentary/Secondary (0-12)	College (1-4 or 5+)				0			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Seams	tress	18 MOTHER'S NA	ME (First, Middle, M.	rment		
o l		Scofield					line J	0000	
BE	19a, INFORMANT'S NAME (Type/Print)	SCOLLETO	19b. MAILING	ADDRESS (Street of	and Number or Rural i				
임	Mr. Newton Mez	ick	W. C	edar I	ane. Fr	uitlan	d Md	21826	
1	20a. METHOD OF DISPOSITION	200	PLACE OF OISPO		metery, crematory or		c. LOCATION — CIT		
	1 D Burial 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from Stata	other place) Beechw	ood Ce	meterv		or. Ann	e. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	NO ADORESS OF FA	CILITY			
	<b>&gt;</b>	1 - 1 NO	0295		nman Fu	-		C 7	
	23. PART LEnter the dieeeses, or o			not enter the mo	incess de of dying, auc	h ea cerdiec or	respiratory arres	t, Approximate	
	ahock, or heart fellure.  IMMUDIATE CAUSE (Finel	Liet only one ceuse on e	ach iine.					interval Between Onset and Death	
	disease or condition	RCV.	A .						
	resulting in death)	0	CONSEQUENCE O	F):					
z		A SCVI							
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
[호	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
빌	that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION		d							
SAL	PART ii. Other aignificent condition		out not reaulting	in the underlyin	g cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
일	price	more					ES 2 NO	COMPLETION OF CAUSE OF DEATH?	
MEDI	· · · · · · · · · · · · · · · · · · ·					_		1 TYES 2 NO	
ä								' '	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL ·		26. P	LACE OF DEATH (Ch	neck only one)			
ls X	1 TYES NO	Inpetient 2 ER/Out	petient 3 DOA		na 5 🗆 Realdence	6 Other (Specify	)		
표	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIR	JURY W	JURY AT ORK?	28d. DESCRIBE	IOW INJURY OCCU	RED	
B	2 Accident Investigation				YES 2 NO				
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	cify)	street, factory, offi		City or Town,		Rural Route Number,	
COMPLETED	no continue . A				<del></del>				
MP	(Check only	ICIAN: To the best of my know							
8	2 MEDICAL EXAMINE		m eng/or investigati	on, in my opinion,				cause(a) and manner on stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
6	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DE	ATH OTEM OF CO	a Printi	10110	, ,	1 49/	113	
		ddleston, MD	1 h/	MilCarl	Street	Salishin	wil	11811	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	MINLA	SHICH	וטנוכוועב	4:171) =	7001	
	CCD - 2 '02	32. REGISTRAR'S SIGN	Teindan B	ndell			*		

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

specify: White

Md.

deseas

21632

Approximate

Interval Bety

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

012797

21601

Onset and Death

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

N.C.

Talbot

USA

10:55A.MM

YEAR

BETTY LOU **JACKSON** January 27 1993 7. DATE OF BIRTH
(Morth, Day, Year)
Feb 22, 1939 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 V F 53 225-48-3437 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH DIRECTOR Easton Memorial Hospital at Easton 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Caroline Federalsburg FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Liberty Road 21632 spital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYTAND 21215-0020 ORCES? 1 YES 2 NO 1 Never Married 2 Married FORCES? В 1 YES 2 X NO Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp P Elementary/Secondary (0-12) College (1-4 or 5 +) T OF THE PERSON NAMED IN 9 Housewife Housewife 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Floyd Jones BE Edna Osborne notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) hours after death. Page 6 may be retain 2 director, page 5 sty Dennis iberty Jackson Road Federalsburg. P 20a. METHOD OF DISPOSITION

Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Bethel Cemetery 1/30/93 Federalsburg, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Williamson Funeral Home Federalsburg, Md 21632 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** cremation, other traumatic event, the disease or condition completely espirad executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OF AS A CONSEQUENCE OF attending physician and con intal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 signed by the after Health and Mental shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO has been Dept. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) r this certificate h HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 4 I Nurs 6 the 27 MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Ybar) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After th BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: /
hours after o 4 Homicide 29s. CERTIFIER (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack ank (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (Chack (C TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 145 3 9 THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 503 Dutch man r odos

32. REGISTRAR'S SIGNATURE

wha Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

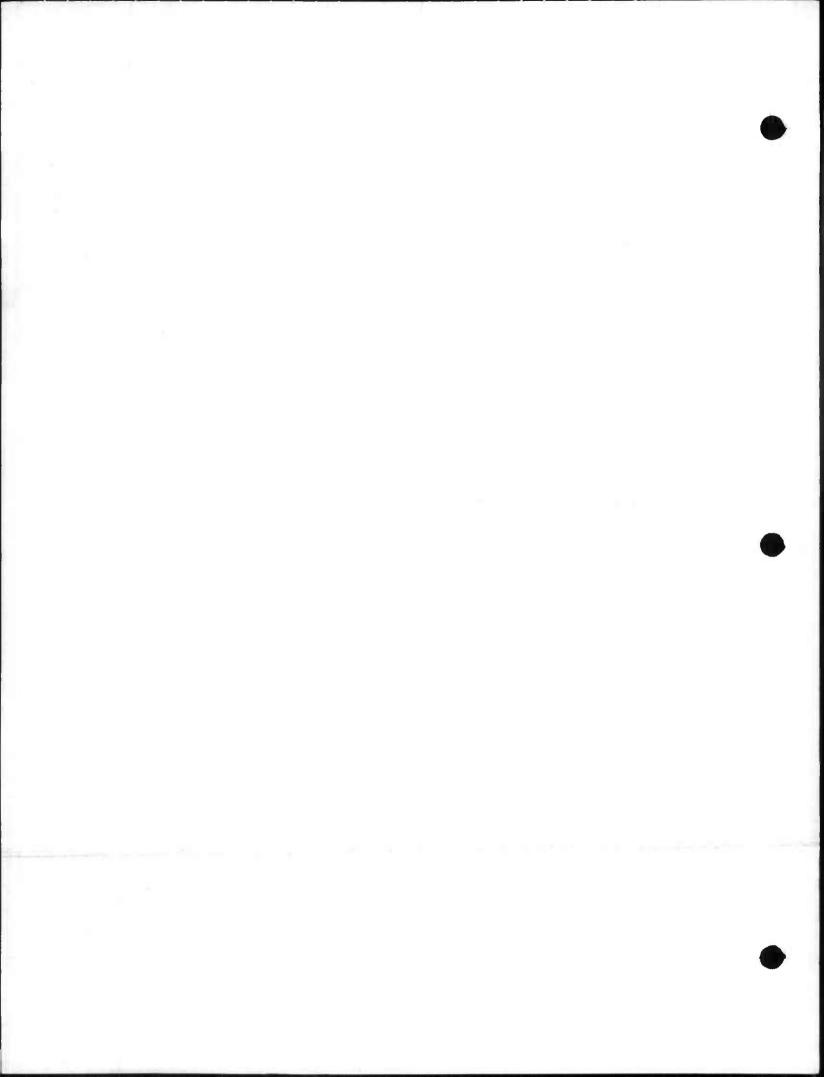
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILEO (Month, Day, Year)

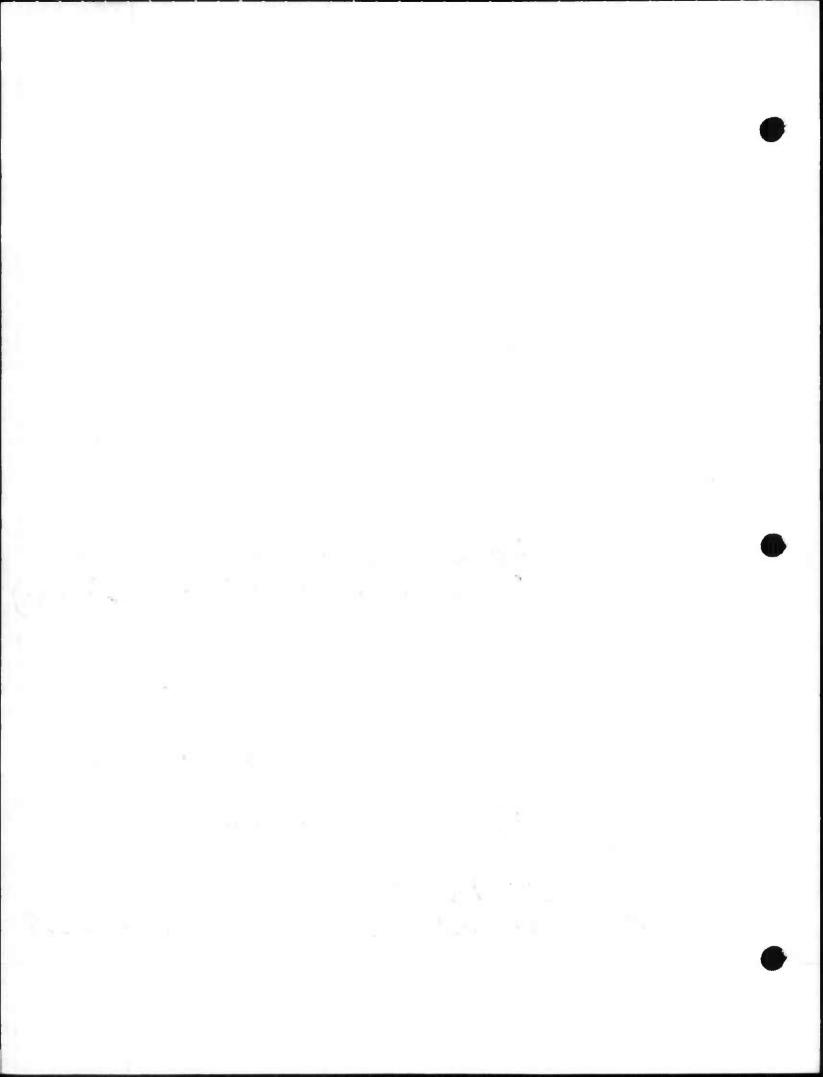
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DIVISION OF VITAL RECORDS	
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OF VI	PHYSICIAN
VISION	HOSPITAL OR ATTENDING PHYSICIAN: The law require
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		1. DECEDENT'S NAME (First, Middle, Last)  Ruth V. Jo	ones							2. DATE OF DEATH BONTH	<b>6</b> 7 19	793	3. TIME OF DEATH 10:50 a <sub>M</sub>
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	1	BIRTH Countr	IPLACE (State or Foreign
pinc		215-16-3045  Sa. FACILITY NAME (If not institution, give s	1 M 2 F	7	4 YRS.			1100	MIN.	11 26 19		Mai	ryland
2, 3 should	OB	Memorial Hospita					ast	On LOCATI	ON OF DE	ATH	9c. COUNT		EATH
₩.	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN (	H LOC	ATION			1 101		10d, INSIDE CITY
permit. Pages		Maryland	Carolin	е				Dent	on				LIMITS? 1 XYES 2 NO
	FUNERAL	100. STREET AND NUMBER 805 Market Str	oot		101. ZIP CODE 21629							VHAT COUNTRY?	
020 physician. burial-transit	ON	11. MARITAL STATUS	12. WAS DECEDEN			13.	MAS DE			IC ORIGIN? (Specify Ye		S. A	— American Indian,
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	- 1 - 4	f yes, s	s 2 \( \bar\bar\bar\bar\bar\bar\bar\bar\bar\bar	n, Mexican	, Puerto Rican, etc.)		Speci	k, White, etc.
1215-0 r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DI	CEDENT'S	USUAL O	CCUPAT	TION nost of worldi		16b. KIND OF BU			acastan
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	) #h	. Do NOT us	se retired.)		د /Ma		vari	ety S	Sto	res
YLAND by the hospit be detached at once.	OM	17. FATHER'S NAME (First, Middle, Last)								#E (First, Middle, Maiden			
RYL M by by	BE (	Rulie P Boyle	S							ia Virgi			uyler
MARYLAND retained by the hospit 5 should be detached notified at once.	2	Larry Jones								ane, Mar			21640
யீ ஜீ ஜீ		20a. METHOD OF DISPOSITION	uu Coo ee	20b. PLACE	AND DATE	OF DISPOS			C 116		CATION - CH		
MO Firector.		PC Burlal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)		Dent			er	У		2/10 De	enton	, 1	Maryland
BALTIMORE, nours after death. Page 6 may be dod in by the funeral director, page or removal. medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LIC			400-00	22		AND ADDRE					
BAI after dea by the fur imoval. Ical exa		Karen In.  23. PART I. Enter the discoss, or o				Di	aw	er B	, De	enton, Ma	aryla	nd	21629
o BOX 68760, cellular a secured within 24 hours on a secured within 24 hours on a secure of the in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert	CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO DUE TO c.	se on each line	QUENCE OF	2011 IN				REST		(	Approximate interval Between Onset and Death ACUTE
	- 1	PART ii Other significant condition	d	death but and								_	
AL RECORD Le law require that has been signed. Dept. of Health 123 shows any lift	N: MEDICAL	PART II. Other significant condition	a contributing to	death but not	resulting	in the ur	derlyir	ng cause (	given in I	Part i. 24e. WAS AN PERFO!		24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
F # # 5	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF D	EATH (Che	ck only one)			
entife c	PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, De	INJURY	26b. TIM		28c. IN	IJURY AT	,	28d. DESCRIBE HOW			DR.
After death	BY	Accident Investigation	28e. PLACE O	F INJURY — At he	ome, farm, s	M street, fact		YES 2	(NO	281. LOCATION (Street	and Number of	r Aural F	Prude Number
TTEN TOR: after	TED	4 Homicide determined	KITC	nc. (Specify) 1en at	olad	PA	In	MK	Ł	City or Town, State	Del	77	on MA
DIVI TAL OR AT AL DIRECT 72 hours a	APLE									to the cause(e) and ma			
HOSPITAL FUNERAL WITHIN 72	COMPL	MEDICAL EXAMINE		tamination and/or	Investigatio	en, In my c	pinion,	death occur	red at the t	time, data and place, ar	d due to the	cause(s	) and menner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	O BE	TITLE OF CERTIFIER	WY	ND				D	14	364	29d, DATE 5	HOMED	1/93
		C. E JEW	SEW /	OF DEATH (ITE	391	Print)	701	ekk	11	Rd, No	nton	M	021629
		31. DATE FILED (Month, Dey, Year) FFB 9 393		R'S SIGNATURE	1,00					1000	1,011	,,,,	
		120 / 30	9	nant a Manth	-0.40							_	DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 72 hours after death with the State Deer or Health and Mental Horison enricy to build, cremation, or removal	IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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withir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 25 hours after death with the State Deof of Health and Mental Hyriene notes to build: command	rent,
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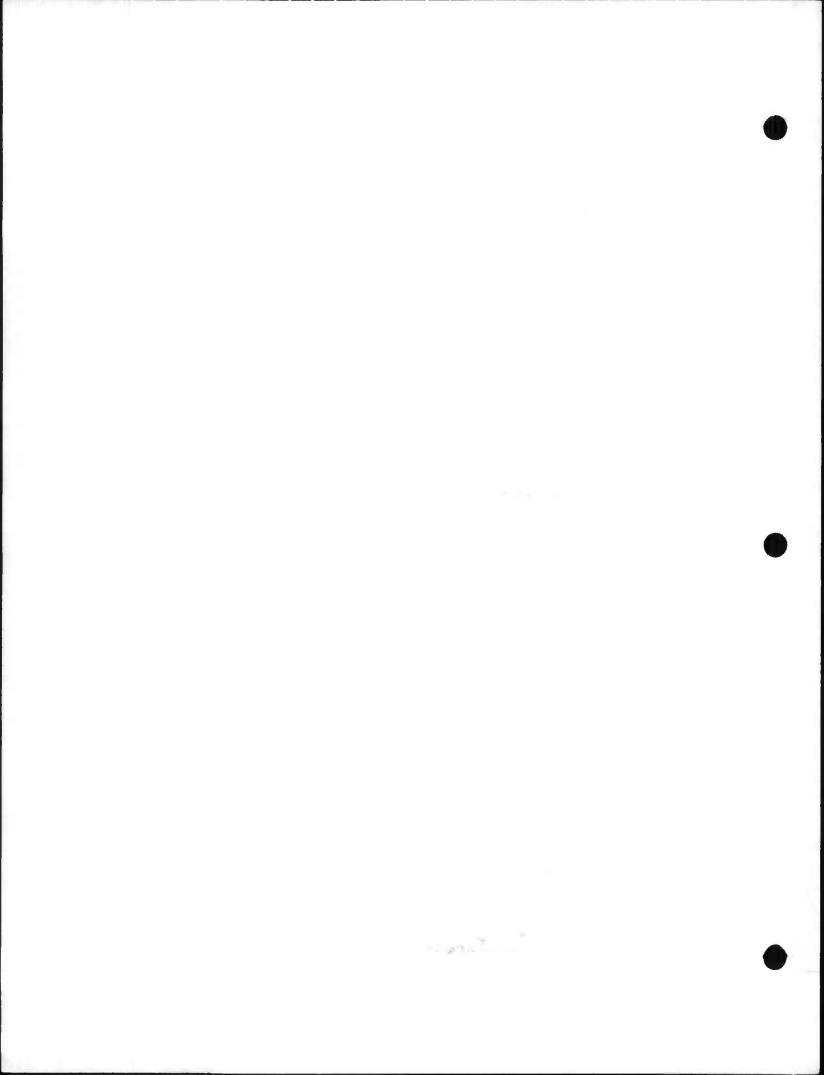
31. DATE FILED (Month, Pay, Year) FEB 05 93

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_	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / Ce				EALTH DEAT		MENT	AL HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)								MOI	TE OF DEATH	Y	YEAR	3. TIME OF DEATH
	Marie Genevieve								Feb	ruary 3	, 19	93 1	2:22 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Mo	TE OF BIRTH with, Day, Year)		B. BIRTHP Country)	LACE (State or Foreign
	214-74-1043	1 M 2 F	92	YRS.				557		27,19		_	yland
Œ	ea. FACILITY NAME (If not institution, give						R LOCATIO		EATH			NTY OF DE	
6	Circle Manor Num	csing Hom	<u>e</u>		K	ensi	ingto	n			Мс	ntgor	nery
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CI1	Y, TOWN							1	IOd. INSIDE CITY
		Montgomer	У		P	oton	nac					_   1	YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT	IZEN OF WH	IAT COUNTRY?
ΛÄ	3 Enid Court							2085	54		Uni	ted S	States
ΝĒ	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED						GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
∦ k̄	3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 X NO					Specify.	
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		1	6b. KIND OF BUS	INESS/IND	Whi	te
=	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Office	ve kind of Do NOT u	work done se retired.)	during mo:	st of working	g					
를	8			Hor	nemak	er				Own	Home	2	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Maiden :			
BE	Joseph Bar	cker West	ervelt				M	laria	a Te	eresa Oh	lend	lorf	
2	19a. INFORMANT'S NAME (Type/Print)		1							mber, City or Town			
	Laurie J. Bacca	La	1	_				omac		Maryland		)854	
	20a. METHOD OF DISPOSITION  1 Dental 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	cometery, crei	metory or o	emer	Cem	etery		6/9	3 Balt	imor	e, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE .	т мо	0348	Ho	me/F	Rockv	$ill\epsilon$	2, ]	Robert A Inc., 30 and 208	00 W.	Mont	ey Funeral gomery Ave
	23. PART I. Enter the diseases, Dr shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Alal	t coused the de- se on each line.	1	den			ng, sucl	h es ca	ardiac or respi	atory an	rest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEQ	UENCE O	F):								
AL C	PART ii. Other significent condition	s contributing to	death but not re	esulting	in the ur	derlying	g cause g	iven in	Part I.	24s. WAS AN			VERE AUTOPSY FINDINGS
MEDICAL									_	PERFORM			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											-21		YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Che	eck only	one)			
PHYSICIAN:	1 TYES 2 NO	1   Inpetient 2	ER/Outpatient 3	□ DOA	4 XHun	4: sing Hom	e 5 □ Red	sidence	6 🗆 Ot	her (Specify)			
ву РН	27. MANNER OF DEATH Natural 5 Pending Natural Investigation	28a. DATE OF (Month, Da		28b. TIN	IE OF JURY M		URY AT RK? 'ES 2	] NO	28d. D	ESCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE Dibuilding,	F INJURY — At horetc. (Specify)	me, farm,	street, fact	ory, office	•		28f. L.C	OCATION (Street a ity or Town, State)	nd Number	or Rural Ro	ste Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												and manner as stated.
BE	29b. SIGNATURE AND ATTLE OF CERTIFIE	R					29c. LICE	NSE NUM			29d. DAT	E BIGNED (A	Aonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Type	, Print)							-	

Asher, M.D., 3720 Farragut Avenue, Kensington, Maryland

32. REGISTRADIS SIGNATURE



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR.	BI	POL
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	s filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Jackson Elner 2. DATE OF DEATH 3. TIME OF DEATH монти Jan 29, 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔀 F 65 218-24-0406 Jun 16,1927 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Laurel Beltsville Hosp Prince George Laurel 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Montgomery Spencerville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20868 U.S.A. 16215 Rd, Batson 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerte Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White sto FORCES? 1 YES 2 1 Never Married 2 X Married 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done during me life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Unemployed None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at V. Young Charles E. Wilson Mabel Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20868 2 16215 Batson Rd, Spencerville, Md J. Jackson Ernest 9 20s, METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Memorial 4 Donation 6 Other (Specify) Cem Sandy Spring, Md examiner URE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home P.A 20850 246 N. Washington St, Rockville, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Respiratory IMMEDIATE CAUSE /Final Failure Onset and Death the the disease or condition rally event, resulting in death) DUE TO (OR AS A CONSEQUENCE Cancer Of Lungs and Colon traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
METASTASES
DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate to Bone And Liver cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Bancuat 1/2 und shows any 6astrutis 1 YES 2 NO Pancreatitis and Gastritis Acute 1 | YES 2 | NO certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 10 satient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Ybar) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Metural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 ED 6 Could not be 4 Homicide 28 COMPLET Hem 29e. CERTIFIER

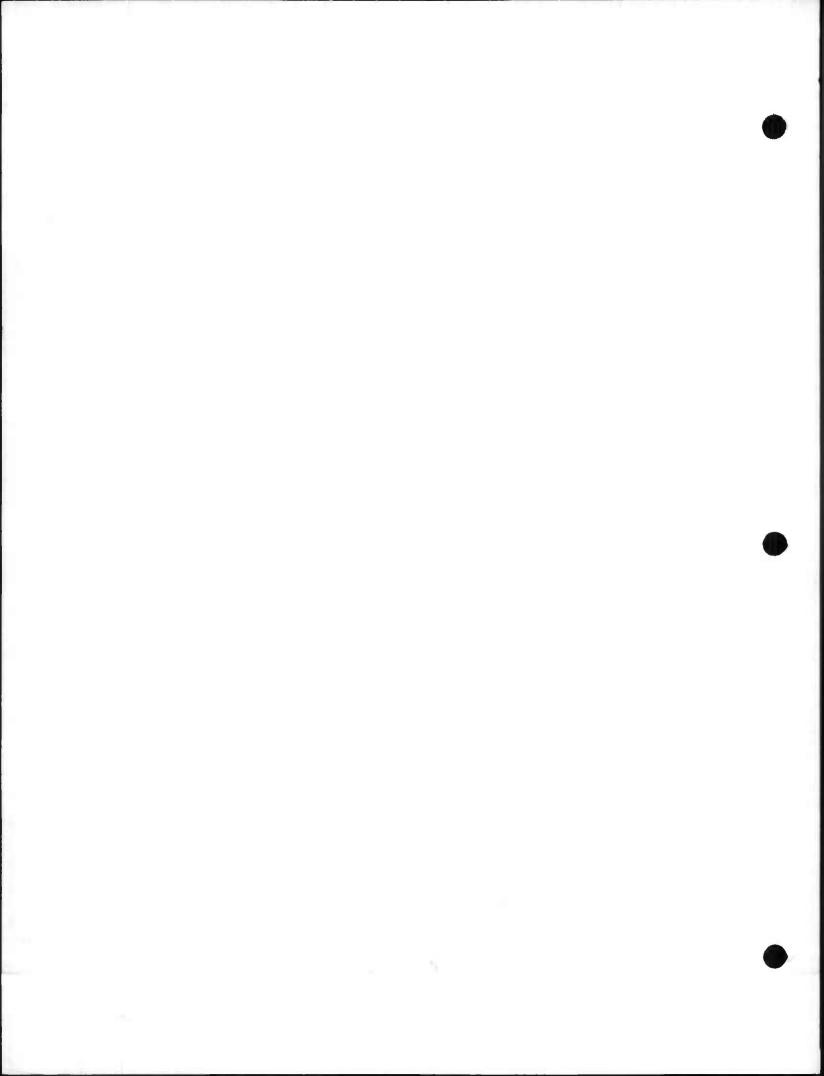
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL

TO THE FUNERAL (

Be filed within 72 h

IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month S SAXW MI 20 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SYED SAND 148 10 Audre m 20 el

DHMH-16 Rev 1/89

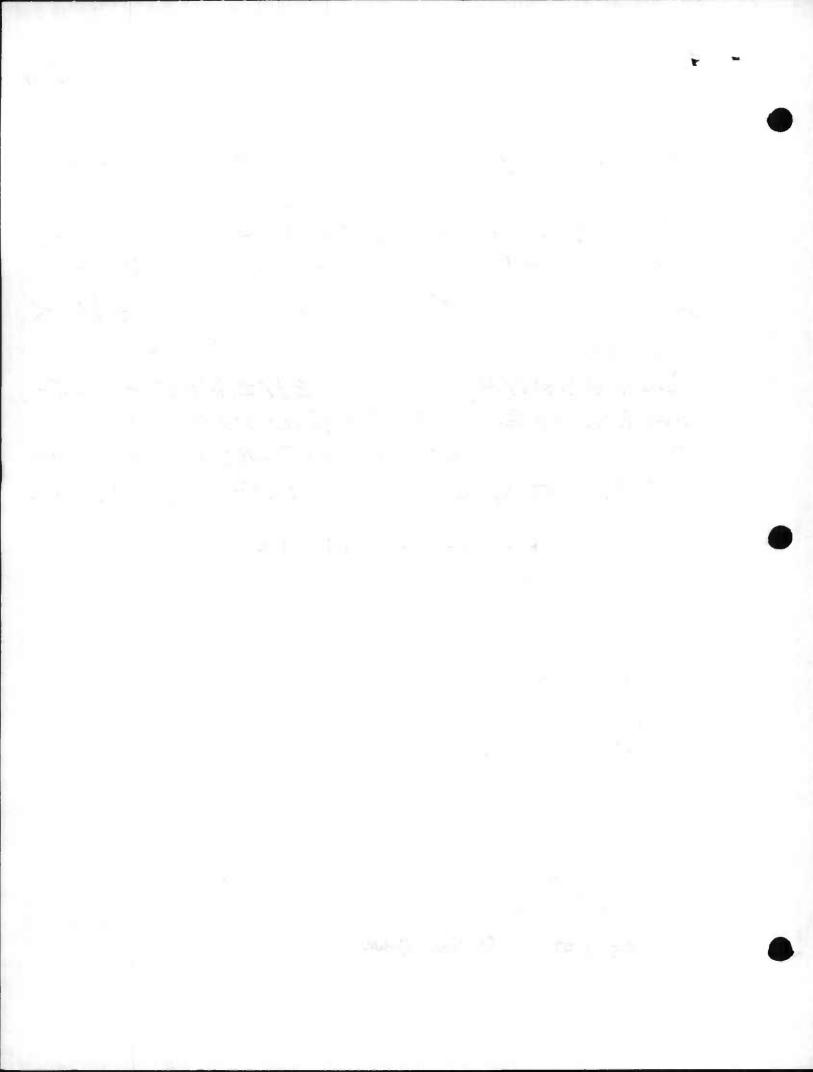


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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E	03946
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Anna Gertrude	Jones			MONTH D	AY YEAR	3:16 P <sub>M</sub>
		5. SEX 6. AGE (In yrs. las	at birthday) IF UNC	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	31 1993	LACE (State or Foreign
	180-14-8190	1 D M 2 XF 87	YRS. MONTH		(Month, Day, Year)	/ Country)	M A
	9a. FACILITY NAME (If not institution, give street	et and number)	01-01	TY, TOWN OR LOCATION OF E	1/23		MO.
œ	The Kent & Queen Ar					9c. COUNTY OF DE	ATH
5	RESIDENCE OF DECEDENT	ine s nospital	ruc   t	Chestertown M	עו	Kent	
Ĕ	10a. STATE 10b. COUNTY	1.	10c. CITY, TOWN	OR LOCATION			IOd. INSIDE CITY
DIRECTOR	Mg. Ork	EEN ANNES	CE	MREVII	E		LIMITS?
4	10s. STREET AND NUMBER	1		10f. ZIP CODE		10g. CITIZEN OF WI	_ (-)
E	K.E.	#1		2/6/	7	().	C 1
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BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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PLACE OF DEATH (C) ER: unsing Home 5  Residence 28c. INJURY AT WORK? 1 YES 2 NO cotory, office	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  a to the cause(a) and man time, data and place, and	NJURY OCCURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATHY  YES 2 MAD  TO Number,  Ind manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Michael Bienenfeld MD Kent B Queen Anne's Hosp

32. REGISTRAR'S SIGNATURE
July Davidson-Randell 31. DATE FILED (Month, Day, Year) FFR '93



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CERTIFICATION

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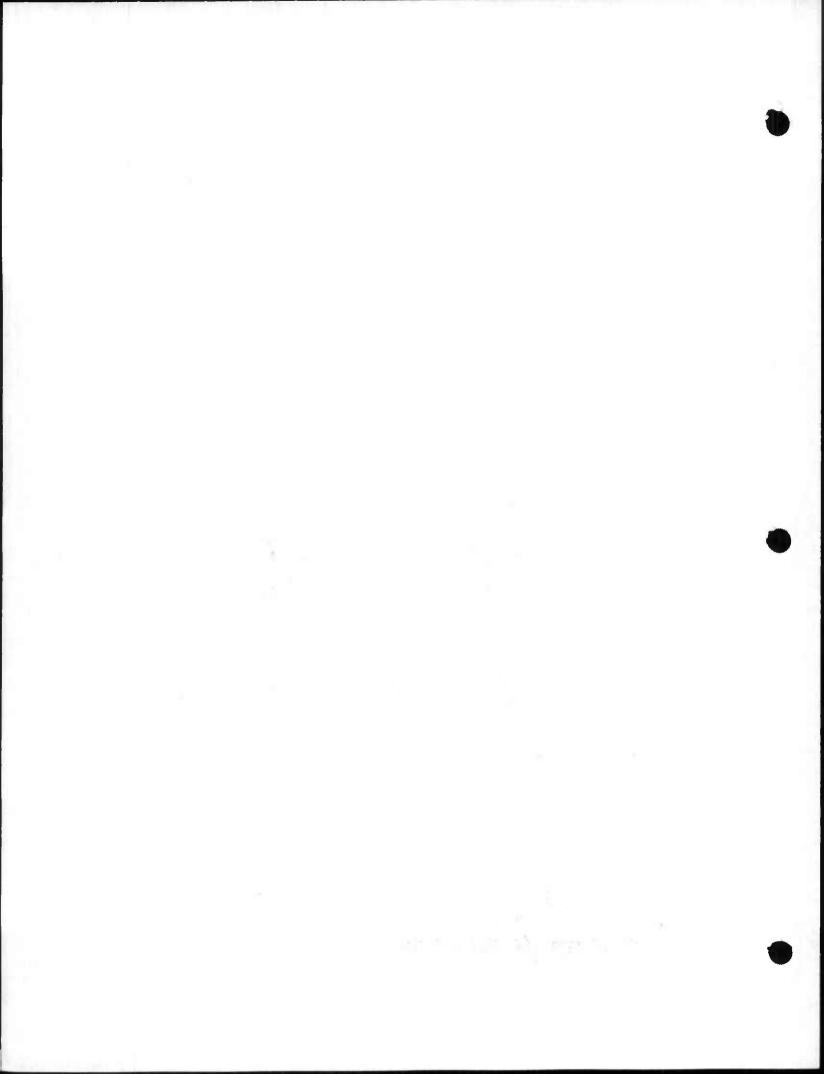
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) anul Tones Encery 22 3 7. DATE OF WIRTH (Month, Day, Year) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fo. DAYS HOURS MIN. 214-12-6641 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION Salisbury 101. ZIP CODE Mary land Wicomic YES 2 NO 10e. STREET AND NUMBER WHAT COUNTRY? 10g. CITIZEN OF 903 21801 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cubert, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Black 3 Widowed 4 Divorced 18. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 18. DECEDENT'S (Specify only highest Elemantery/Secondary (\$\frac{1}{2}\$) (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Driver 17. FATHER'S NAME (First, Middle, Ost) 18. MOTHER'S NAME (First Middle Maiden Surname) Villiam 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route dine 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery commetory or Burial 2 Cremation 3 -Censitary 4 ☐ Donetion 5 ☐ Other (Specify) 22, NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERIAL SERVICE LICENSEE WOSY 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart feliure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition\_ reaulting in death) QUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF OEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO ng Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 2Sc. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Watural м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, ferm, streel, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF ARTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) ND (HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21

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lirector,		Patrick A
funeral (	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked or liem 23 shows any injury or other traumatic event the medical eventuals must be motified as
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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF	REALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)	MABEL STEWAR				2. DATE OF DEATH		3. TIME OF DEATH
	MABEL	Jones				MONTH -	T q	3 0201 M
	4. SOCIAL SECURITY NUMBER 216-14-1572	5. SEX 6. AGE (In )		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) MARYLAND
œ	9a. FACILITY NAME (If not institution, give s ANNE ARUNDEL ME.	street and number)		96. CITY, TOWN ANNAPOL	DR LOCATION OF C	NOVEMBER 2	9c. COUNTY	OF DEATH
210	RESIDENCE OF DECEDENT						ANNE A	RUNDEL
DIRECTOR	10a. STATE 10b. COUNT MARYLAND ANNE	ARUNDEL	10c. CITY, MA	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE			OF WHAT COUNTRY?
NE	1209 SHESLEY ROA				21106		U.S	. A .
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2)(NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic 242 NO Speci	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Bleck, Whita, etc. Specify: LACK
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 16 College (1-4 or 5+)	Sa. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEWI	ork done during mo retired.)	ON all of working	16b. KIND OF BU		
BE CON	17. FATHER'S NAME (First, Middle, Lest) JAMES E. STEWARD				18. MOTHER'S N. MAMIE	AME (First, Middle, Maider COOK	Surname)	
10	AMOS JONES, JR.		196. MAILING A 1209 SH	ESLEY R	nd Number or Rural OAD MAY(	Ploute Number, City or Too MARYLANI	vn. State. Zip Co. 21106	de)
	20a, METHOD OF DISPOSITION 1	ST.	ACE AND DATE OF		me of METERY 2	OATE 20c. LC 2/11/93 MA	YO, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Lees	e_	REESE 821 W	EST ST.	MORTUARY,	MD. 2	1401
	23. PART i. Enter the diseases, or of shock, or heart fellure.	complications that caused th List only one cause on each	na daath. Do no	t antar tha mo	da of dying, suc	ch aa cardlac or reap	Iratory arrest	Approximata
	IMMEDIATE CAUSE (Final disease or condition	-11 1-10/1	1:11	7	1. +			
	reaulting in death)	a. DUE 30 (OR AS A CO	INSERTIENCE OF	in	aren			2 hours
N	Sequentially list conditions.	ather	oseler	otro c	andro	vosenla	dise	ase
RTIFICATION	if any, laading to immediata cause. Enter UNDERLYING	OBÉ TO (OR AS A CO	ONSEQUENCE OF):					
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	PASEOUENCE OF):					
		f						
¥	PART ii. Other aignificant condition	a contributing to death but	not resulting in	the underlying	11	PERFO	AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC		Po- 1018	The	19/19	rillatio	1 TYES		COMPLETION OF CAUSE OF DEATH?
		_ enece	a war	ces		-		1 - YES TO NO
<u>8</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1 TES 200 NO	1 Ninpetiant 2 - ER/Outpetia		OTHER:	5 🗆 Raaldence	6 Other (Specify)		
- 1	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	266. TIME (	WO WO	JRY AT RK? ES 2 NO	28d. DESCRIBE NOW	NJURY OCCUR	EO
ובט מ	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre			281, LOCATION (Street City or Town, State)	and Number or R	Bural Route Number,
JMPLE	29a. CERTIFIER (Check only one)  2	CIAN: To the best of my knowledge:	e, death occurred	at the time, data	and place, and dus	to the cause(a) and man	nner as stated.	
٥	296. SIGNATURE AND TITLE OF CERTIFIER		E. Belleville		29c. LICENSE NUI			GNED (Month, Day, Year)
0 00	30. NAME AND ADDRESS OF PERSON WH	2M)			0295	71	▶ 2	18/93
	Paul Berez m	0 916556	often Be	end su	te 101	Crafton 1	70 2	21114
	FEB 1 1993	gruna Davidson	Bindale.					



3. TIME OF DEATH

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	DR ATTENDING
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22 740AM " 022 05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 157--28-4483 1 🗌 M 2 🖫 F 55 YRS. 03-24-37 MARYLAND ached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DORCHESTER GENERAL HOSPITAL CAMBRIDGE DORCHESTER RESIDENCE OF DECEDENT 10e. STATE 18h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND DORCHESTER HURLOCK 1 YES 2 THO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RT.# 2 BOX 178B 21643 USA hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married В 1 TES 2 NO Specify 3XXWidowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12th INSPECTOR WESTERN PUBLISHING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 6 8 RAYMOND SAMPSON MARY BANKS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 KARNIE L. JONES 200 EVERGLADE DRIVE, SALISBURY, MD.21801 8 20s METHOD OF DISPOSITION
1) Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE director, MARYLAND VETERAN'S CEM. 2-11-**9**3 HURLOCK, MD. 21. SIGNATURE OF FUNERAL BETVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BENNIE SMITH FUNR. SERV. examiner funeral 516 SO. MAIN ST., HURLOCK, MD. 21643 the medical 4 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory agreet, Approximate shock, or heart failure. List only one cause on each line.

CAUSE (Final Aspiration pneumonia - Klebsiella Practicals) Places interval Between 0 **IMMEDIATE CAUSE (Final Onset and Death** npletely filler cremation, the disease or condition resulting in death) ASDIRATION DNEYMONI

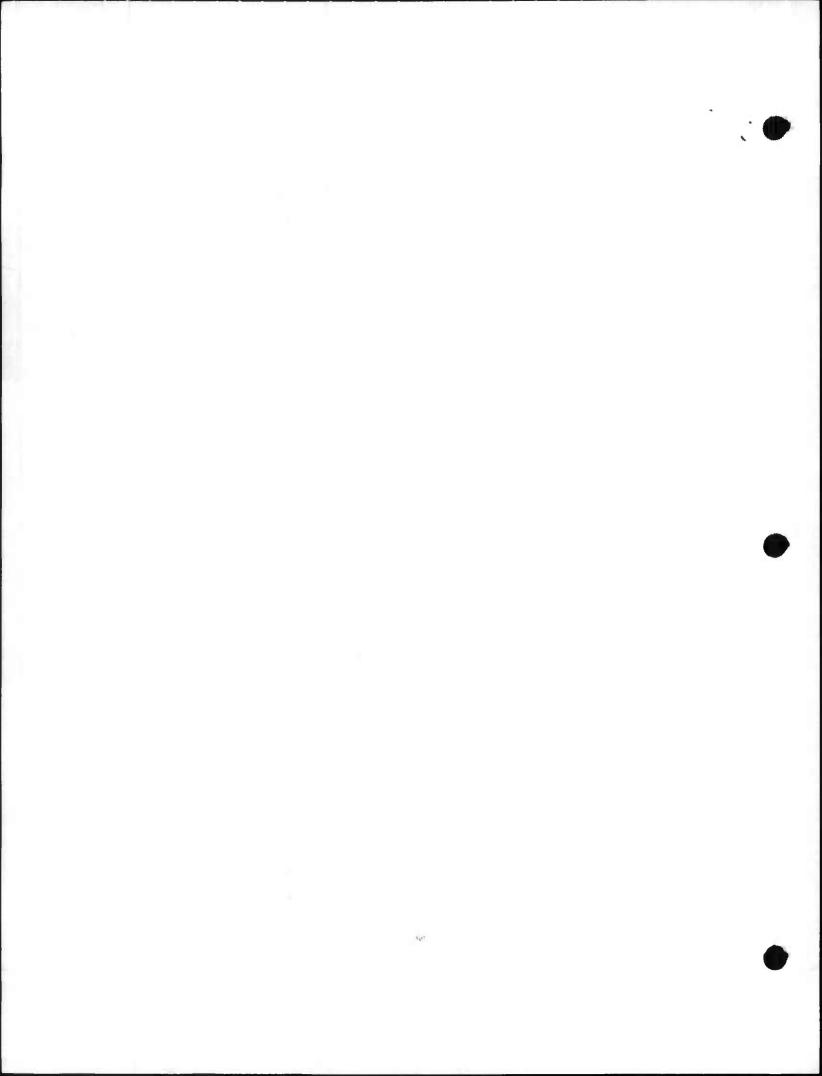
DUE TO (OR AS A CONSEQUENCE OF):
CORRESPONDENCE OF:
CORRESPONDENCE OF ACCIDENT

CREDROVAN CONSEQUENCE OF 2nd TRUTEUS event, EOM and con burial, 3 yrs traumatic MEDICAL CERTIFICATION Sequentially list conditions, 2 anding physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING chronic CAUSE (Disease or Injury or other hypertension that initiated events resulting in death) LAST eRa MARCR the atten shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and MAILABLE PRIOR TO COMPLETION OF CAUSE 91 1 TES 2 NO Ohesi 1 YES 2 NO been . PHYSICIAN: State Dept. Other 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 KL Inpetient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEȘCRIBE NOW INJURY OCCURED this c Is marked, 5 Pending Investigat 1 Natural 1 YES 2 NO B After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined COMPLETED DIRECTOR: Journal of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of th 4 Homicide 29s. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE THE FIRE asserta 1-4370 1993 223 2 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cambridge, MD 21613 Dorchester General Hospital Dr. Harris 12. Registring's Signatural 31 PORTE PLED (Modin, \$9 949 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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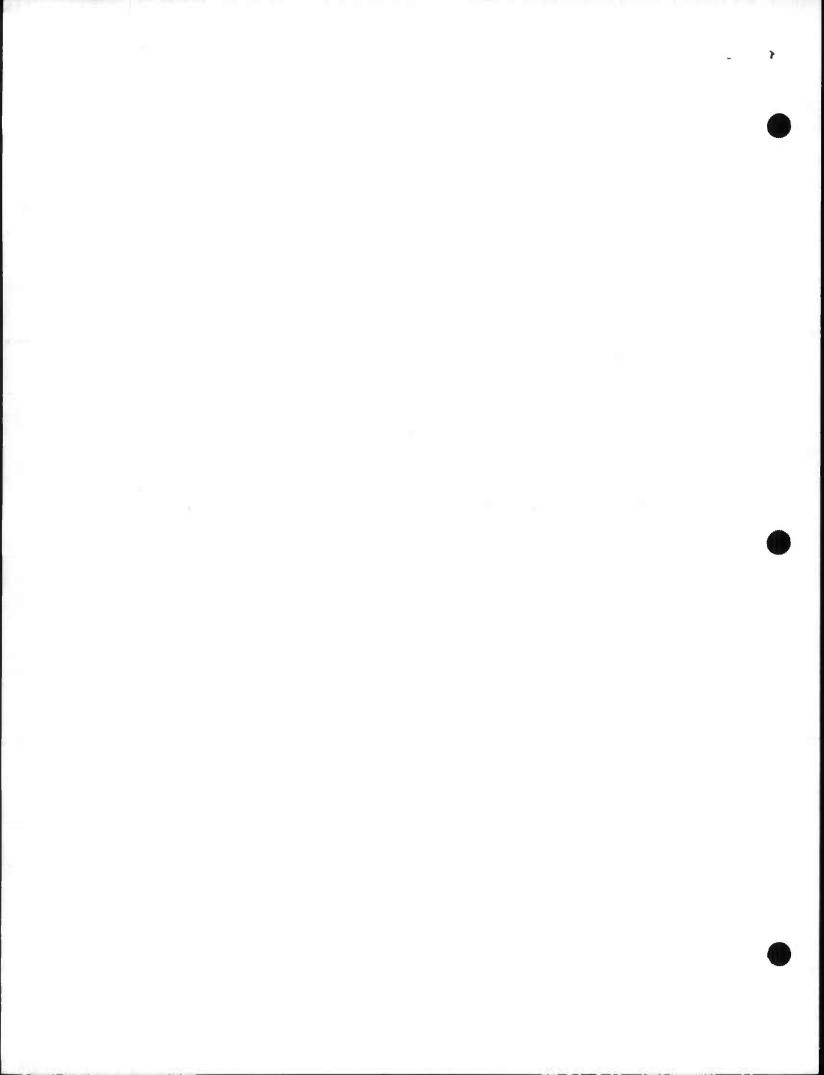


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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I TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF REATU	REG. NO.

		AND / DEPART			REG.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT			3. TIME OF DEATH
Andrew	Karl	J(	hnsto	n			YEAR	1615
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		6. BIRTH	IPLACE (State or Foreign
216-31-8223	1 X M 2 □ F 2	YAS.			1-9-19			yland
9a. FACILITY NAME (If not institution, give s	·			OR LOCATION OF DE	ATH	9c. COUN		
Easton Memoria			East	on		Car	ali	ne
10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Maryland Ca	roline	De	enton					1 TYES 2 NO
Faston Memoria RESIDENCE OF DECEDENT  100. STATE 100. STATE 100. STREET AND NUMBER Rt.3 Box 135 E	5		101	21629		10g. CITIZ		VHAT COUNTRY?
11. MARITAL STATUS		N U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify			- American Indian.
1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		If yes, sp		n, Puerto Rican, etc.		Bleci	t, White, etc.
3 Widowed 4 Divorced			1	2 Miles Specify			Speci	White
15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION	ON st of working	16b. KINO OF	BUSINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use r	etired.)					
17. FATHER'S NAME (First, Middle, Last)	-0-							
	atan				ME (First, Middle, Mai			
10a INFORMANT'S NAME (Time/Drint)	ston	105 11411 1110 41	200500 (0)		Lee R			
Terry Johnston	1				enton, M			
		PLACE AND DATE OF				LOCATION — C		
20a METHOD OF DISPOSITION  1 M Burlet 2 Cremation 3 Rame  4 Donation 6 Other (Specify)		netery, crematory or other	r place)					
21. SIGNATURE OF FUNERAL SERVICE LIC		eemilouit	22. NAME AN	D ADDRESS OF FA	2-9 I			MD
<b>)</b>					ral Hor			
23. PART I. Enter the diseases, or o	MERCERON	CF.ST	1 200	S. Harr	ison St	<u>Ea</u>	sto	n, MD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF):	uries	J				
resulting in death) LAST								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1							
PART ii. Other algoriticant condition	t contributing to death b	art mot requiring in	No. 11 de de de de					
PART II. Other significant condition	a contributing to death be	ut not reaulting in	the underlying	cause given in		AN AUTOPSY FORMEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PART ii. Other significant condition	a contributing to death b	ut not resulting in	the underlying	cause given in	PER		24b.	
PART II. Other significant condition	a contributing to death b	ut not reaulting in	the underlying	cause given in	PER	FORMEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL	a contributing to death b	ut not resulting in			1 ⊠ YES	FORMEO?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:	_ 0	26. PL	ACE OF DEATH (Che	PER 1 X YES	FORMEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:  1 Inpetient 2 ER/Outp  26e. DATE OF INJURY	Detient 3 DOA 4	26. PL THER: Nursing Home	ACE OF DEATH (Che	PER 1 X YES ck only one) 6 Other (Specify)	FORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 □ Inpetiant 2X □ ER/Outp  26. DATE OF INJURY (Month, Day, Year)	Detient 3 DOA 4	26. PL THER: Nursing Home	ACE OF DEATH (Che	PER 1 X YES  CK only one)  8 Other (Specify)  28d. DESCRIBE HO	FORMEO?  B 2 NO  W INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYYES 2 \( \sqrt{N} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:    Impetient 2X ER/Outp   28e. DATE OF INJURY (Month, Dey, Year)   O 2 0 5 19 9     28e. PLACE OF INJURY	26b. TIME C INJUR  2 At home, farm, stre	26. PL THER:  Nursing Hom  F	ACE OF DEATH (Che 5 G Residence JRY AT RK? ES 2 NO	CK only one)  6 Other (Specify)  28d. DESCRIBE HO  Pedestr	FORMEO?  S 2 NO  W INJURY OCCI  TIAN S	URED tru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO  Ck by aut
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:    Impetient 2X ER/Outp   28e. DATE OF INJURY (Month, Dey, Year)   O 2 0 5 19 0   28e. PLACE OF INJURY building, etc. (Spec	estient 3 DOA 4  28b. TIME C INJUR 9 3 1 4 2 5  — At home, farm, stre	26. PL THER:  Nursing Hom  F	ACE OF DEATH (Che 5 Residence URY AT RK? ES 2 NO	Ck only one)  6 Other (Specify)  28d. DESCRIBE HO  Pedes tr  City or Town, St	FORMEO?  S 2 NO  NO INJURY OCCI  TIAN S  eet and Number clate)	URED tru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 RYSES 2 NO  CK by autloute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	HOSPITAL:    Impetient 2X  ER/Outp   28a. DATE OF INJURY (Month, Day, Year)   O 2 0 5 1 9 9     28a. PLACE OF INJURY building, etc. (Spec	estiont 3 DOA 4  286. TIME CO INJUR 93 1425  At home, term, stre	28. PL THER: Nursing Hom FF Y M 1	ACE OF DEATH (Che 5 Residence JRY AT RK? RK? NO	CK only one)  6 Other (Specify)  26d. DESCRIBE HO  Pedestr  26f. LOCATION (Sinc. City or Town, Sinc. Butler	ow INJURY OCCI	URED  tru or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO  Ck by aut
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIK)	HOSPITAL:    Impetient   2X  ER/Outp   28a. DATE OF INJURY (Month, Day, Year)   O 2	26b. Timec 93 1425  — At home, tarm, stre- street	28. PL THER: Nursing Hom FF 28c. (NJ) WO 1	ACE OF DEATH (Che 5 GResidence JRY AT RK? ES 2 NO	CK only one)  6 Other (Specify)  26d. DESCRIBE HO  Pedestr  26f. LOCATION (Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town, Sincily or Town,	ow INJURY OCCI	URED  tru or Rural R  H	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYYES 2 NO  Ck by aut
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   X YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  2   Accident   Investigation  3   Sulcide 6   Could not be determined  29a. CERTIFIER   Check only	HOSPITAL:  1 Inpetient 2 EP/Outp  26e. DATE OF INJURY (Month, Day, Year)  O 2 0 5 1 9 0  26e. PLACE OF INJURY building, etc. (Spec OT)  CIAN: To the best of my knowle	26b. Timec 93 1425  — At home, tarm, stre- street	28. PL THER: Nursing Hom FF 28c. (NJ) WO 1	ACE OF DEATH (Che  5 G Residence  JRY AT  RK?  ES 2 NO  and place, and due  with occured at the	ck only one)  6 Other (Specify) 2ed. DESCRIBE HO Pedestr 2eft. Location (Sin- City or fown, Si Butler to the cause(s) and sime, data and place	ow INJURY OCCI	URED  Tru  France Rural R  H  d.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO  Ck by aut loute Number, illsboro
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   X YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending investigation  3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only One)  2   MEDICAL EXAMINE	HOSPITAL:  1 Inpetient 2 EP/Outp  26e. DATE OF INJURY (Month, Day, Year)  O 2 0 5 1 9 0  26e. PLACE OF INJURY building, etc. (Spec OT)  CIAN: To the best of my knowle	26b. Timec 93 1425  — At home, tarm, stre- street	28. PL THER: Nursing Hom FF 28c. (NJ) WO 1	ACE OF DEATH (Che 5 Residence 17 AT RK? ES 2 NO and place, and due 29c. LICENSE NUM	PER  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES	FORMEO?  S 2 NO  NO INJURY OCCI  TIAN S  eet and Number of tate)  Drive  manner as atate , and dua to Iha  29d. DATE	URED  Tru  Rural R  H  d.  cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PRYSES 2 NO  CK by autoute Number, illsboro  and manner as stated.  (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   X YES 2	HOSPITAL:  1   Inpetiant 2   EP/Outp  26s. DATE OF INJURY (Month, Day, Year)  O 2 0 5 1 9 6  26s. PLACE OF INJURY building, etc. (Spec O I)  CIAN: To the best of my knowle	26b. TIME 0 1NJUR 26b. TIME 0 1NJUR 1425  — At home, term, stre- iff)  Street  ledge, death occurred a n and/or investigation, in	26. PL THER: Nursing Hom F 28c. INJI WO M 1	ACE OF DEATH (Che  5 G Residence  JRY AT  RK?  ES 2 NO  and place, and due  with occured at the	PER  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES  1 X YES	ow INJURY OCCI	URED  Tru  France Rural R  H  d.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO  Ck by aut loute Number, illsboro
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpetient 2X ER/Outp  26a. DATE OF INJURY (Month, Dey, Year)  O 2 0 5 1 9;  26a. PLACE OF INJURY building, etc. (Spec On  CIAN: To the best of my knowl  R: On the basis of sxamination	26b. TIME 0 1NJUR 26b. TIME 0 1NJUR 1425  — At home, term, stre- iff)  Street  ledge, death occurred a n and/or investigation, in	26. PL THER: Nursing Hom F 28c. INJ WO M 1 Y V et, factory, office at the time, data in my opinion, de	ACE OF DEATH (Che  5 G Residence  BY AT  RK?  ES 2 NO  and place, and due  ath occured at the  29c. LICENSE NUM  O. C. M	CK only one)  8 Other (Specify)  26d. DESCRIBE HO  Pedestr  26f. LOCATION (Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town, Sinchly or Town,	OW INJURY OCCION Seed and Number of late)  Drive- manner as atate , and dus to the	URED  True  France Aural A  Cause(a)  SIGNED  06	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PRYSES 2 - NO  CK by autious Number.  111sboro  and manner as stated.  (Month, Dey, Year)  1993



DIVISION OF VITAL RECORDS. P.O. BOX 68760.

7	the Her	e trach	t once.
DALLIMONE, MANIEAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the har	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be larached the find within 72 hours after death with the State Dent of Health and Mental Housene order to build command or named	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
C'	nay be r	page 5	it be n
2	Page 6 r	director	er mus
7	death.	e funeral	ехатіп
3	ours after	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the far within 72 hours after death with the State Deut of Health and Merital Hydiene notice to burial cremation or memoral	nedical
1	hin 24 h	tely filled	t, the
200	uted with	comple	C even
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	E HOSP	E FUNE	RTANT
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Dr

J. Barrera Ir. M 31. DATE FILED (MORRIT, Day, Year) FEB 0 4 1993

-	FOR 1 - STATE	STATE OF I	MARYLAND / DEP					MENTAL HYGIEN	IE			
	REGISTRAR		CERII	FICATE	OF	DEAL	ГН	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	MY Y	3. TIME O	F DEATH	
	Thelma G. Johns							February	3 199	3 8:	:30 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde			IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (Sta Country)	ite or Foreign	
	214-34-1248	1 🗆 M 2 📈 F	82 YRS	MONTHS	DAYS	HOURS	MIN.	1/2/11			W. VA.	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
Œ	Allegany Co. N	lubsing H	ama		Cumb							
18	RESIDENCE OF DECEDENT	wisking in	une		Cano	eua	inu	_		Allegani	1	
BRECTOR	10a. STATE 10b. COUNT	Y	10c. C	ITY, TOWN C	OR LOCATI	ION				10d. INSIC	DE CITY	
MA	MD APPO	gany		umber	Rand	,				LIMIT	2 NO	
	10e. STREET AND NUMBER	50,007,007		WIII O	-	ZIP CODE	E		100 CITIZE	N OF WHAT COUN		
FUNERAL	Bedford S								log. Grinze	or with cook		
N.	1. MARITAL STATUS		IT EVER IN U.S. ARMED	Land			21	502 IC ORIGIN? (Specify Ye	L. u	SA		
5	1 Never Married 2 Married	FORCES? 1	YES 2 X NO	13.	WAS DECE	elfy Cubii	n, Mexicer	IC ORIGIN7 (Specify Ye 1, Puarto Rican, etc.)	s or No- 14	. RACE — Americ Black, White, at	an Indian, a.	
B	3 X Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYES	2 NO	Specify		Specify:			
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT	10 1101111 0	0011017101						ite	
E	(Specify only highest grade	completed)	(Give kind o	of work done	during mos	it of workin	g	16b. KIND OF BU	SINESS/INDUS	TRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)						1			
COMPLET			110	mema]	ker				home			
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Malder	Sumame)			
B	Emory Runion					T	here	sa Ash				
0	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tox				
F	Faye Mawhinney	- daugh	ter   421	Fran	nkli	n S	to	Cumberlan	d MD	2150	2	
	20a, METHOD OF DISPOSITION		20h PLACE AND DAT	FOFDISPOS	ITION /Non	no of		DATE 200 LC	CATION _ CH	or Town State		
	1 Denation 5 Other (Specify)	oval from State	Sunset	Memo	oria	1 P	ark	2-6 Cu	mherl	and M	D	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		, 22.	NAME AND	D ADDRES	SS OF FAC	SILITY	mberr	and, M	D	
	• 0	7 0/0			Sca	arpe	lli	Funeral	Home			
	Janes	+ XIC	arplin	1	Cum	nber	lan	d, MD 21	502			
	23. PART I. Enter the diseases, or o	complications the	it caused the death. Do	not enter	the mod	de of dyl	ng, such	an cardiac or resp	iratory arres		roximate	
	Shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death											
	disease or condition resulting in deeth)	· AT	orio cala	- Car		Hou	T	Diret	-0			
	resulting in decition	DUE TO	(OR AS A CONSEQUENCE	OF):		74 - 4						
z												
CERTIFICATION	Sequentially tist conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	OF):								
¥	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):								
틽	resulting in desth) LAST											
빙		d										
4	PART II. Other algnificant condition	a contributing to	deeth but not resulting	g In the un	derlying	cause g	jiven in i			24b. WERE AUTO	OPSY FINDINGS	
MEDICA	Chrane Co	west	is the	X.	470	:lu	1	PERFO		AVAILABLE	PRIOR TO ON OF CAUSE	
	Can coasa A	18	Carry					1 D YES	XMO	OF DEATH?		
Σ	Colored V	110	7							1 NES	2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									<u> </u>		
ᅙ	EXAMINER?	HOSPITAL:		OTHER		ACE OF DE	EATH (Che	ck only one)				
ΥS	1 TYES 2 X NO		ER/Outpetient 3 DOA				aldence i	B Other (Specify)				
표	27. MANNER OF DEATH  1 A Netural 5 Pending	28a. DATE OF (Month, D		IME OF NJURY	28c. INJU WOR	IRY AT		28d, DESCRIBE HOW	NJURY OCCUP	NED		
BY	1 Netural 5 Pending 2 Accident Investigation			М	1   YE	ES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At home, farm atc. (Specify)	, street, fact	ory, office			261. LOCATION (Street City or Town, State	and Number or	Rurel Route Numbe	H,	
TE	4 Homicide determined		1-1				- 1	ony or lown, state				
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the heat of	my knowledge, death occu	great at the se	lma det-	and als -	and d	a the second of				
MP												
8			xamination and/or investige	non, in my o	pinion, de	will occur	ed at the t	iime, data and placa, a	od due to the c	ause(a) and mann	er as stated,	
BE	296. SIGNATURE AND THE OF CONTINEE	1				29c. LICE	NSE NUM	BER	29d. DATE S	IGNED (Month, Day	r, Year)	
	11/120	wh				0-	1486	5	2	/3/93		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	SE OF DEATH (ITEM 27) (%	ne Print)						1		

Memorial Med.

32. AGISTRAR'S SIGNATURE

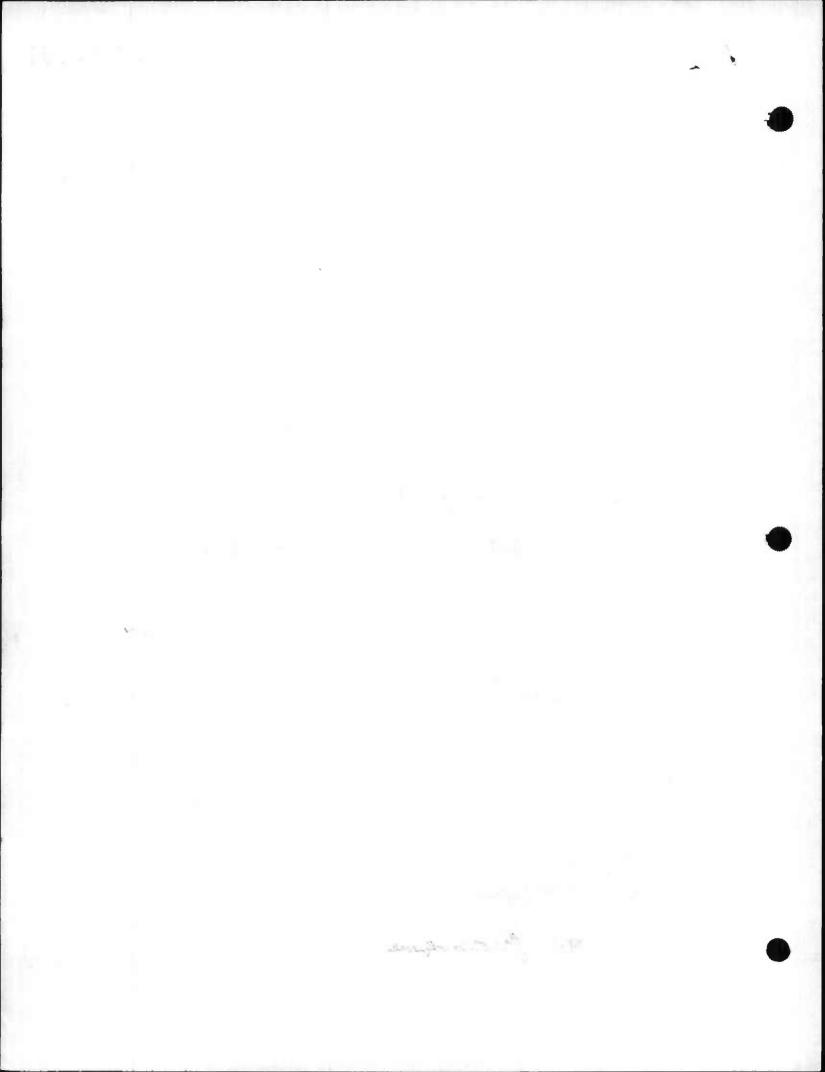
P

Suite 201.

Bldg.

21502

Cumberland, MD.



YEAR

3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO   NO   NO PERFORMED?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   NO PERFORMED?  1   YES 2   NO   NO PERFORMED?  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH   Nursing Home 5   Residence 8   Other (Specify)  28a. DATE OF INJURY   No Performed   No Performed   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   Netural 5   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigatio	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):														
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 DIRIPHENT 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 2 Could not be determined 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to the ceuse(e) end manner as the time, date end place, end due to										_		<b>A</b>	-1	YES 2 NO	
28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, D										_					
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2   Accident 3   Sulcide 4   Homicide 5   Could not be determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Mark Sagin Memorial Hospital Cumberland, Md.  21502  31. DATE FILED (Month, Day, Veer)  22   MCONTINUTY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											r (Specify)				
3 Sulcide 4 Homicide 5 Could not be determined  286. PLACE OF INJURY — At home, farm, street, fectory, office 296. CERTIFIER (Check only one)  296. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, end due to the ceuse(e) end manner at the time, date end place, end due to the ceuse(e) end manner at the time, date end place, end due to the ceuse(e) end manner at 296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  297. LICENSE NUMBER  298. LOCATION (Street and Number or Rural Route Number, City or Town, State)  298. LICENSE NUMBER  299. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  2150.2	EXAMINER?											INJURY OCC	CURED	- 5	
29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)  20 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end manner at the time, date end place, end due to the cause(e) end end end end end end end end end end	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5		1/A Natural 5 Pending  M 1 YES 2 NO  2 Accident Investigation  28a PLACE OF INJURY At home farm street factory office.  28b PLACE OF INJURY At home farm street factory office.											n Mumber	
296. SIGNATURE AND TITLE OF CERTIFIER  296. D 35481  296. DATE SIGNED (Month, Day, Yell)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Mark Sagin Memorial Hospital Cumberland, Md  21502	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 [ 2 Accident 3 Suicide 8 [ 4 Homicide	Investigation  Could not be	28e. PLACE	OF INJURY	At home, farm	, street, fec	tory, office		2				or nariir noui	, rumbol,	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Mark Sagin Memorial Hospital Cumberland, Md 21502  31. DATE FILED (Month, Day, Year)	EXAMINER?  1   YES 2 NO  2. MANNER OF DEATH  1 Neturel 5  2   Accident  3   Suicide 8    4   Homicide  2 e. CERTIFIER (Check only one)	Could not be determined	28e. PLACE building	of my knowle	odge, death occu	rred at the t	lme, date	end place,	, end due lo	City	or Town, State	nner ee stat	ed.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr Mark Sagin Memorial Hospital Cumberland Md 21502  31. DATE FILED (Month, Day, Year)	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITLE	Investigation  Could not be determined  ERTIFYING PHYS  EDICAL EXAMINE	28e. PLACE building	of my knowle	odge, death occu	rred at the t	lme, date	end place,	, end due lo	City  The ceu	or Town, State	enner ee state	ed. e ceuse(e) er	d manner aa sta	
31. DATE FILED (Month, Day, Year)	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 8  4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITI	Investigation  Could not be determined  ERTIFYING PHYS  EDICAL EXAMINE	28e. PLACE building	of my knowle	odge, death occu	rred at the t	lme, date	end place, eath occur 29c. LICE	end due to	City  The ceu	or Town, State	enner ee state	ed. e ceuse(e) er	d manner aa sta	
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FEB 1 0 1993	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 8  4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITL  30. NAME AND ADDRESS  Dr. Mark S.	Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMINE LE OF CERTIFIE OF PERSON WH	28e. PLACE building ICIAN: To the best of ER: On the basis of R	of my knowle examination	odge, death occur end/or investigat TH (ITEM 27) (N	rred at the titlen, in my c	ime, date	end place, eath occur 29c, LICE	end due to red at the tin ENSE NUMBI	City  The ceu	or Town, State	anner ee statend due to Ih	ed. The couse(e) er E SIGNED (MA	d manner aa sta	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

server the server of

1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF M					DEAT		MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lat. PAULIN	E KOR	2NBLX	TT					2. DATE OF		7	YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-05-6590	5. SEX 1  M 2  F	6. AGE (In yrs. lest i	birthdey) YRS.	MONTHS		IF UNDER HOURS	MIN,		7,19	10	8. BIRTHE	NACE (State or Foreign YLAND
TOR	WASHINGTON ADVE	NTIST HOSP	ITAL			OMA	PARK	ON OF DE	НТА			TGOME	
DIRECTOR	10a. STATE 10b. COU			CU	MBER	LAND	TON						10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 604 FREDERICK	STREET				101	2150						HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. ABM YES 2 MINO	(ED		If yes, spe	ecity Cube		n, Puerto Ric	(Specify Yes an, etc.)	or No		- American Indian, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		(Give	ne kind of t Do NOT us	work done se retired.)		st of workin	g		UYER/			MILLI
BE COMF	12 17. FATHER'S NAME (First, Middle, Last) MORRIS KLOMPUS		KOSEL	VDAU	M DE	FI 5	18. MOTH			idle, Maiden		EK	
TO B	19a. INFORMANT'S NAME (Type/Print)  STEVE D. KORNBL									SDA,			20814
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AN cometery, crem EAST	ND DATE O	W CE	METE	RY J	AN 3	1 199	20c. LO	CATION — BERL	AND,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	Ment	7		22. M	HAME AN	TT-A	DAMS	FUNE	RAL H	OME		MARYLA <b>ND</b>
	23. PART I. Enter the diseases, g shock, or heart fellur	or complications that re. List only one cause	ceused the dear se on each line.	ith. Do r	not enter	r the mo	de of dyl	ng, such	as cardla	c or respi	ratory an	rest,	Approximate Interval Between Onset and Death
	immediate cause (Final disease or condition resulting in death)	DUE TO (	HAD RI	HENCE O	E.								Oliset and Death
NOI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DIE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury  DIE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. CER	OR AS A CONSEQU	AS (	SULLY-	1R	AC	CII	DEN 7	2			
	resulting in death) LAST	d											
: MEDICAL	PART II. Other algorificant condition	lons contributing to	death but not re-	sulting	in the u	nderiyinç	) cause g	iven in f		4a. WAS AN PERFOR	MED		WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
HYSI	1 TYES 2 NO  27. MANNER OF DEATH		ER/Outpatient 3 I	DOA 28b, TIM	4 🗆 Nur			sidence (	8 Other (	Specify)	n mion UU	~ IDEN	
BY PI	1 Natural 5 Pending 2 Accident Investigatio	(Month, Da	ay, Year)	INJ	JURY M	1 🗆 Y	PRK?	] NO	ess. nego.	MOC MOTE.	Noni oc	COMED	
8	3 Suicide 8 Could not be determined	building, o	F INJURY — At hom etc. (Specify)	ie, farm, s	street, fac	tory, office	,		281, LOCAT City or	ION (Street a Town, State)	ind Number	or Rural Ro	oute Number,
COMPLET	one) MEDICAL EXAM	IYSICIAN: To the best of s											and manner as stated.
TO BE (	29b, SIGNATURE AND THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF TH	Much	V					15			29d. DAT	E SIGNED	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON OF	ND 1	11161 N.	27) (Type	A U	E,	511	NEN	2SP F	4NG	N	Di	20904
	31. DATE FILED (MONT). 2 9 199	3 32 EGISTRAF	A'S SIGNATURE	and,							(		

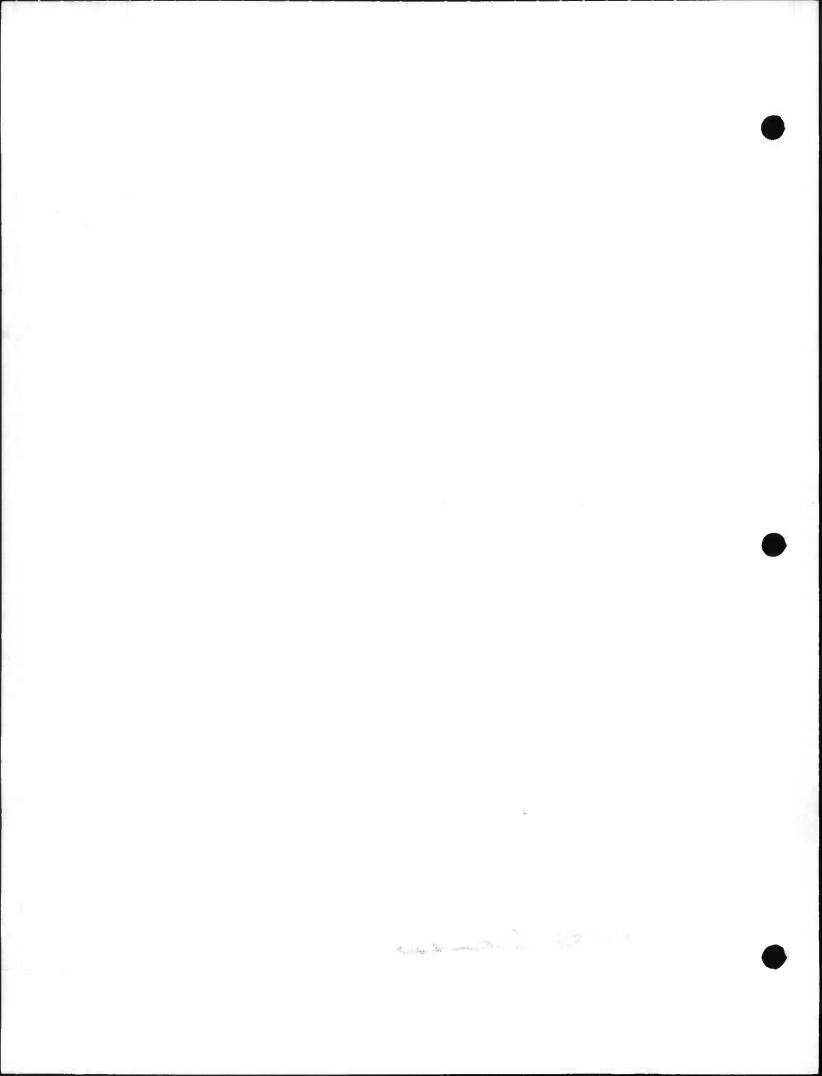
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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ector,	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - STATE REGISTRAR CI	ERTIF	ICATE O	F DEATH		REG. NO						
- 7	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH D		WEAR	3. TIME OF DEATH	1		
	ARVADA MAE KEMP					ARY 2		993	07:15	Ам		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		7. DATE OF	BIRTH BOW TON	1.0	8. BIRTH Count	IPLACE (State or For	oign .		
ē	215 20 6051 1 □ M 2 💢 F 80	YRS.	MONTHS DAY	S MOONS MIN.	05-	27-19	12	PA	,,,			
_	9a, FACILITY NAME (If not institution, give street and number)		96. CITY, TOW	N OR LOCATION OF D	EATH		9c. COL	JNTY OF D	PEATH			
5	SACRED HEART HOSPITAL		CUMB	ERLAND			A)	LLEG/	ANY			
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN DR LO	CATION					10d, INSIDE CITY			
DIRECTOR	MD Allegany		Cumbe						LIMITS?	40		
	10g. STREET AND NUMBER		1	10f. ZIP CODE			10a, CI	TIZEN OF Y	WHAT COUNTRY?	10		
ER/	P.O. Box 333		- 1	2150	2			JSA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED	13. WAS E	ECENDENT DF NISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American India	n,		
BY F	1 Newer Married 2 Married FORCES? 1 YES 2 \( \subseteq \) IF YES, GIVE WAR OR DATES	ND		specify Cubers, Mexico ES 2 P NO Specific		ean, etc.)			k, White, etc.			
	3 Wildowed 4 Divorced								"white			
COMPLETED	(Specify only highest grade completed) (G	iive kind of s	USUAL OCCUPY work done during	TION most of working	16b. F	UND OF BU	SINESS/IN	OUSTRY				
7	College (1-4 or 5 +)	emplo				Dome	etic	Cle	aning	4.1		
\$	UNKNOWN  17. FATHER'S NAME (First, Middle, Last)	CI ID I	Jy CC	1				CIC	- Land			
8	John Flickinger			18. MOTHER'S NA	ra Sm		Surname)					
B		A MARI IND	ADDDC00 101	et and Number or Rural								
임				Cumberla				(p Code)				
			OF DISPOSITION		OATE			- City or To	State	_		
		Tawn	Memori.	al Garden	1-29			le, M				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Donne Z Monne	11.	Sc	arpelli F	unera.	l Hom	е					
_	23. PART. Enter the diseases, or complications that caused the de	11/2	Cu	mberland,	MD 2	1502						
J	shock, or heart failure. List only one cause on each line					ic or reapi	ratory a	rrest,	Approxima Interval Be	tween		
	IMMEDIATE CAUSE (Final disease or condition	4	1.1.	1					Onset end	Death		
	immediate cause (Final disease or condition resulting in death)  a. Luptured Thoracic Aotic Arewry in day:  Due to (or as a consequence of):											
-		GOETTOE O	,.	5					, ,			
0	Sequentially list conditions, if any, leading to immediate	QUENCE O	F):						<del>-</del>	-		
<b>8</b>	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events DUE TO (DR AS A CONSE	DUENCE O	F):									
CERTIFICATION	resulting in death) LAST			_		-						
2	PART II. Other significant conditions contributing to death but not r	resultino	n the underly	ing cause given in	Part I 2	4a. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FIN	DINGS		
DICAL	Kenal-tayline			mg cause grown in		PERFOR	MED?	1	AVAILABLE PRIOR T	0		
6	Hypertension				_	YES 2	<b>□/N</b> 0		OF DEATH?			
Σ.	Myperiessich				- 1				1 TYES 2 N	0		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE DF OEATN (CA	neck only one)							
Sic	EXAMINER?  1 YES 2 NO  1 toperior 2 ER/Outpetient 3	DOA	OTHER:	ome 5 - Residence		Panillel						
主	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. TIM	E OF 28c.	NJURY AT		RIBE HOW I	NJURY OC	CCURED				
ВУР	1 Wetural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	M 1	WORK?								
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm,	Rreet, factory, o	fice			and Numbe	or or Rural I	Poute Number,			
TEO	4 Homicide detarmined				City or	Town, State)						
COMPLET	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, de	ath occum	ed at the time. d	ate and place, and due	to the cause	e(a) and mar	mer se ste	nted.				
N	one) 2 MEDICAL EXAMINER: On the basis of examination and/or								a) and manner as sto	rted.		
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI				-	(Mgnth, Day, Year)			
BE	Timoto mo				280		<b>&gt;</b>	/20		-7		
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED FALSE OF GEATH (ITE	М 27) (Туре,	Print)		- 00			1-2	113			
	DR. SUNIL GUPTA, M.D., 625 KENT			1, CUMBER	LAND,	MD 2	1502	L				
Ì	31. DATE FILE AND HIS DON HOUSE SEGISTRAR'S SIGNATURE											
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	distant.										



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DALLIMO	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs
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CHICAGO ALLA FICONDO, T.O. BOX 66160,	exect	and
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	1 - FOR STATE REGISTRAR	STATE OF M		) / DEPAR					ENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) ANNA		Ε.			ΚI	GHT		2. DATE OF DEATH MONTH D	26,19	EAR 3.	TIME OF DEATH 4:31 a m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24	$\rightarrow$	7. DATE OF BIRTH		BIRTHPLA	CE (State or Foreign
1 3	184-14-1384	1 M 2 M F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1972 F	country)	ylvania
00	9s. FACILITY NAME (If not institution, give st						OR LOCATION	OF DEA		9c. COUNT	OF OEAT	н
DIRECTOR	Memorial Hosp	itai			CI		erla	na		Allegany		
IRE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	TION				10-	1. INSIDE CITY LIMITS?
	Maryland Alle	gany		F	lawlir		. ZIP CODE			Las AITITE		YES 2 NO
ERA	P.O. Box 123					101	turne state	of garage			S.A.	COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT FORCES? 1	EVER IN U.S.	ARMED	13. W	AS OEC	2155 ENDENT OF	HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)			American Indian, hite, etc.
<u>₩</u>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		ERNO			2 200		Poerto Hican, etc.)		Specify:	
	15. DECEDENT'S EDUC (Specify only highest grade		16a.	n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  166. KIND OF BUSINESS/INDUSTRY								e
	Element Secondary (0-12)	College (1-4 or 5+	)	III. Do NOT u	se retired.)	ring mo	st or wonang					
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	2		Nur	se	_	10 MOTUE	D'C NAM	Nur sj	ing Ho	me	
i	Joe	Twa	noski					Mari		Bak	57.25	
TO BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a	nd Number o	r Rural Ro	ute Number, City or Tow			
	Arlene Albright	t						stbu	rg. Md. 2			
	1 Buriel 2 Cremation 3 Remo	val from Stata		ceand date or or or or or or or or or or or or or				1281	,	CATION — CIT		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEL	1100	DOOLIN			D ADDRESS			Storm		
	John R.	Alexis	~		5	7 F	rost	Aver	ue Frosth			
event, the medical	iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Sharp Conservation Due to (or as a consequence of):											Approximata interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  D. (No.) JSCHEMIC NECLOS'S OF SMALL CATCESTING DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  D. (No.) JSCHEMIC NECLOS'S OF SMALL CATCESTING DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CI	PART II. Other significant conditions								Brt i. 24e. WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDIC		TENSI	20	AC	UTE	F	RENA	6	1 □ YES 2	INO NO		MPLETION OF CAUSE DEATH?
. M	FAILURE								-		1[	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		ACE OF DEA		k only one)			
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIN	E OF 2	Bc. JNJI WO	URY AT		28d. DESCRIBE HOW I	NJURY OCCUP	RED	
ВУ	2 Accident Investigation	28e. PLACE OF	INJURY — A	t home term	M Inches		rES 2 🗌	$\rightarrow$	Ret. LOCATION (Street	and Mumber or	Durel Davis	At
TED	4 Homicide 8 Could not be determined	building, a	ntc. (Specify)			y, ome			City or Town, State)	and reamber or	nuriii noute	Number,
COMPLET	29a. CERTIFIER (Check only one)											
_	2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	CON THE DASIA OF AX	amination and	or investigation	n, in my op	nion, d		_				
O BE COMPLETED BY PHYSICIAN	BRAD 1.D 0-23334 ► 1/26/73.											
١	Dinesh Shah, M.	.D., PO	Box	131,	Pint	.0.	Md.	2	21556			
ı	JAN 2 7 1993	32. REGISTRAF	R'S SIGNATUR	E		,					-	
1 1	JAN & ( 1993	Julie .	Bentles	Thurs	L							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

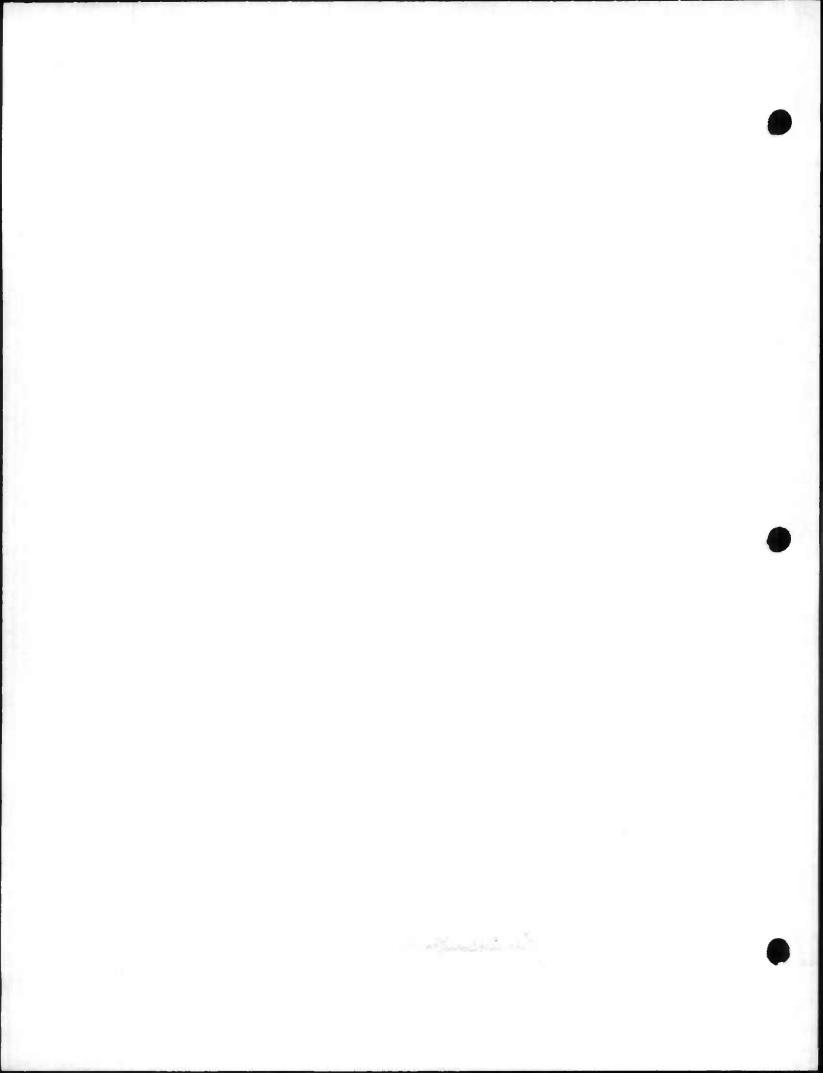
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTHAR			SHIP	CALE	: Or	DEA	IH		REG. NO.				
- 4	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	OF DEATH DA	IY	YEAR	3. TIME OF DEATH	
	HELEN KERGAN								JANU	JARY 2	8, 1	993		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	"	IF UNDER	1 YEAR	IF UNDER	24 HRS.		Day, Year)		Count	HPLACE (State or Foreign	
- 1	213 22 3426	1 🗆 M 2 😿 F	85	YRS.									MARYLAND	
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE	ATH		9c. COL	INTY OF D	DEATH	
DIRECTOR	SACRED HEART HO	SPITAL			CUMBERLAND ALLEG							GANY		
EC	10a. STATE 10b. COUNTY			10c, CITY	Y, TOWN OR LOCATION 18d INSUE								10d. INSIDE CITY	
8	MARYLAND A	LLEGAN	7	-								LIMITS?		
	10s. STREET AND NUMBER	HIDDOIII.		FROSTBURG							10g. CITIZEN OF WHAT COUNTRY			
FUNERAL	2 STOV	ER STRE	יויםי			1.45		- 1532	)		log. or			
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	MAS DEC				(Specify Yes	or No.		S . A .	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2 TH	0	H	yes, spi	ecify Cuba 2 TNO	n, Mexicar	n, Puerto Ri	can, etc.)		Bleci Spec	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced						X	фосту				Spec	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(	CEDENT'S	USUAL OC	CUPATIO	ON ast of working	le le le le le le le le le le le le le l	16b.	KIND OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5	)	ve kind of w Do NOT us										
₹	6		SE	AMS]	RES	S			SI	EWING	FA	CTOF	₹Y	
	17. FATHER'S NAME (First, Middle, Last)									ddle, Maiden				
BE	ELMER RICE									STEVE				
2	19a. INFORMANT'S NAME (Type/Print)									v, City or Town				
- 1	CECIL KERGAN							FR		BURG,				
	1 S Burial 2 Cremation 3 Remo	oval from State	20b. PLACE A cemetery, crer	ND DATE O	F DISPOSI her place)	TION (Na	me of		DATE	20c. LO	CATION —	City or To	own, State	
- 3	21. SiGNATURE OF FUNERAL SERVICE LIC		- I FROS	TROF	G M	EM	PARI D ADDRES	<u> </u>	1/3	30 FR	OST.	BURG	G, MD 21532	
		M	1		22. 1	NAME AN	SOI	VERS	FUN	NERAL	HO	ME.	P.A.	
	1/MILON	711.	XIOU	EW.	60	W.	MA	IN S	ST.	FROS	TBU	RG.	MD 21532	
- 1	23. PART I. Enter the diseases, pr c shock, or heart failure. I	omplications tha	t caused the de	nth. Do n	ot enter	the mo	de of dyl	ng, suct	h as cardi	ac or respin	ratory ar	reat,	Approximata	
	IMMEDIATE CAUSE (Final	His Aut Control						•					Interval Between Onset and Death	
1	disease or condition resulting in death)	nu	1 acus	les	o b	ufo	223	tur	~					
	disease or condition resulting in death)  a.   Out to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):													
N N	Sequentially list conditions,	. / Vi	womina	AC 12	Y	10	rile	16	٥					
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(DR AS A CONSED	UENCE OF	):/									
5	CAUSE (Disease or Injury	N/C	pony	161	acr)	nu~								
CERTIFICATION	that initiated events resulting in death) LAST	7-	TON AS A CONSEQ	DENCE OF	1.	2							i	
8		!	1 6											
	PART II. Other significant condition	contributing to	death but not re	eaulting i	n the un	derlying	g cause g	jiven in i	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS	
EDICAL									_	1 TES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ä													1 - YES 2 NO	
ż					_								_ ~	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	ck only one	1				
Sic	1 TES 2 DATE	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 □ Re	sidence (	6 🗆 Other	(Specify)				
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIME		28c. INJ	URY AT		28d. DESC	RIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation		-,,,		М		ES 2	NO					4	
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hore	ne, farm, s	treet, facto	ory, office				TION (Street e	nd Numbe	r or Rural F	Route Number,	
	4 Homicide determined								Oily oi	iown, otale)				
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, des	th occurre	d at the tir	me, date	end place,	and due	lo lhe caus	e(e) and man	ner as sta	rted.		
COMPLETED	one) 2 MEDICAL EXAMINE												e) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUM	BER		29d, DAT	E SIGNED	(Month, Day, Year)	
BE C	Unger	an co	-gue	med	) ,			D	131	66	•	1/	28/03	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)			_		de la			- 017	
	ANGEL A.	KOB	uE 1	41)		46	3 1	ann	1/101	race	n	OST	Bug we.	
	31. DATE FILED (Month, Day, 16ar) FEB 0 1 199	32. REGISTRA	R'S SIGNATURE	_			-							
	FEB 0 1 199	Juli	Dentemp	funcion	۵.									

(b) (9 ·  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, chemiston, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

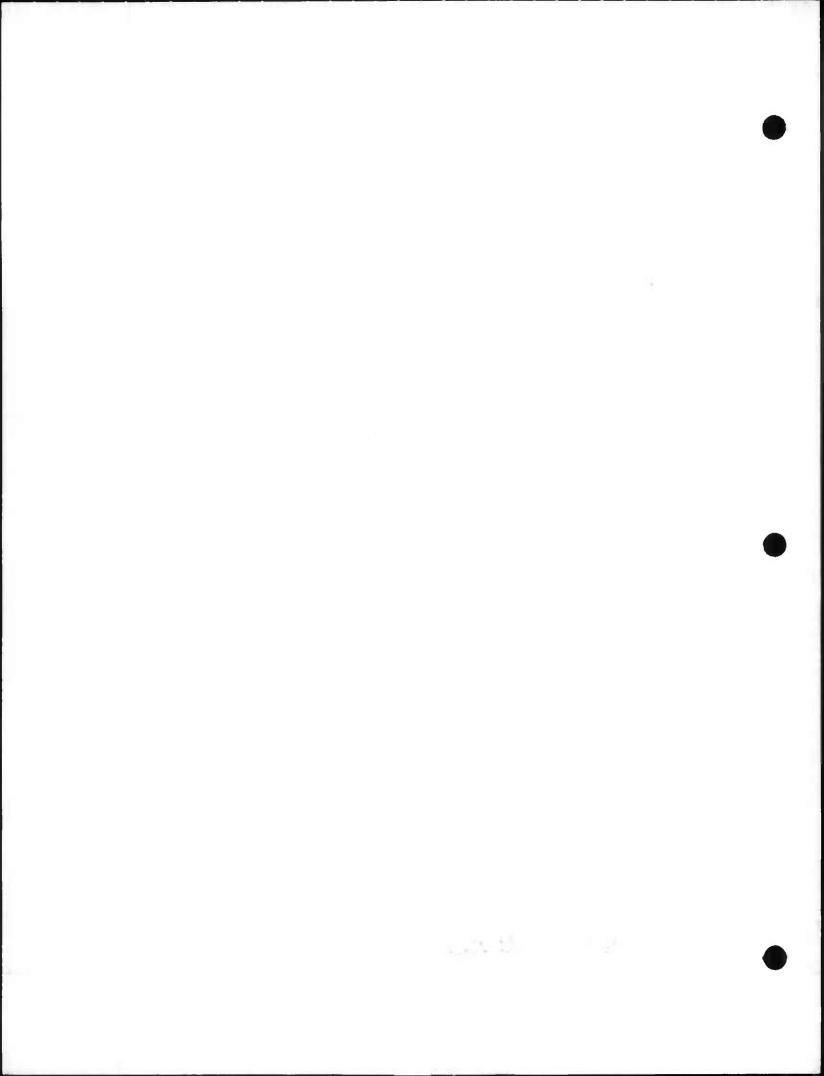
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DE	PARTMEN	T OF H	EALTH AN	D MENTAI	HYGIENE REG. NO.	93	03957		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATN	-	3. TIME OF DEATN		
	MARIA (NMN) K	ORNYEI					Jan	28,199		4 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birth	"	R 1 YEAR	IF UNDER 24 HR	. Z. DATE	OF BIRTN , Day, Year)	a, BIRT	NPLACE (State or Foreign		
	577-48-0147	1 M 2 XF	88 YI	RS. MONTHS	DAYS	HOURS MIN	Jan	15,190	5 Hu	ngary		
~	9a. FACILITY NAME (If not institution, give at			9b. CIT	Y, TOWN O	R LOCATION OF	DEATH		9c. COUNTY OF			
DIRECTOR	6008 Marquette To	errace		Be	thes	da			Montgo	mery		
EC	10e. STATE 10b. COUNTY		100	. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY		
8	Maryland Monte	gomery		Bethes	da					LIMITS?		
¥	10e. STREET AND NUMBER		-	beenes		ZIP CODE		T	10g. CITIZEN OF	21		
BY FUNERAL	6008 Marquette Te	errace				20817			USA			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER		13	WAS DECI	ENDENT OF NIS	PANIC ORIGIN	? (Specify Yes o		E — American Indian, ik, White, etc.		
E	1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OF				cify Cuban, Ma: 2 NO Sp		lican, etc.)	Spec			
	15. DECEDENT'S EDUC	CATION	I st. DECEDE	NZIG HOUSE						ite		
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kin	NT'S USUAL of work done of work done	during mos	n at of working	166.	KIND OF BUSIN	NESS/INDUSTRY			
2	12	College (1-4 or 5+)		ousewi				own ho	em a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1110	JUSEWI	T.E.	18. MOTHER'S	NAME (First, A	liddle, Meiden Su				
BE C	Ferenc Milla						ria Sz					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	S (Street ar			er, City or Town,	State, Zip Code)			
	Eva K. Winters	<u> </u>	- 6	6008 M	arque	tte Te	rrace,	Bethe	sda, Md	20817		
	20a. METHOD OF DISPOSITION 1 XXBurial 2 □ Cremation 3 □ Remo	oval from State	Ob. PLACE AND D	ATE OF DISPO	SITION /No	me of	DATE	200 LOCA	TION City on T	Other on Town Chats		
	TXDBurdal 2   Cremation 3   Removal from State   Care of Heaven Cemetery 2-1-93   Silver Spring											
- 8	21. SIGNAL DIE OF FUNERAL SERVICE LIC	D. / la . /	/	Ď	eVoI	Funera	FACILITY 1 Home					
1	surare (	) such		2	222 W	liscons	in Ave	.,N.W.	,Wash.,	D.C.20007		
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that ceus list only one ceuse on	ed the death.	Do not ente	r the mod	le of dying, a	uch as card	lac or reepire	tory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	0 1-2 0	1000	~ - ~						Onest and Death		
	disease or condition a. CARDAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):											
-		ATTHEROSC	150 nm	C CA	Min	Wenn.	m ni	DEMC				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	E OF):	WIO	VISCUO	IN IN	ZEN TE	•			
3	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):								
ER	resulting in death) LAST											
AL O	PART II. Other significent conditions	contributing to deeth	but not result	ing in the u	nderlying	ceuse given	In Part I.	24a. WAS AN AU	TOPSY 24h	WERE AUTOPSY FINDINGS		
δ	RENA FALLURE	, IRRITAB	IE BU	WET.	SYNI	DROWIE	2	PERFORME	EO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	PARTIAL DISTAL	COLON O	OBSTRI	CDAN	1.0	STEN-		1 TES 2 🖸	(NO	OF DEATH?		
	BRTHRITTS			- (107)	, ,	, ,				1 YES 2 NO		
<u>8</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH	Check only one	)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Or	rtpetient 3 🗆 DC	OTHE		5 N Residence	e 8 🗆 Other	(Specify)				
F	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b.	TIME OF	28c. INJU WOF		28d. DE\$	CRIBE HOW INJ	URY OCCURED			
à	2 Accident Investigation			М		ES 2 NO						
B	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUI building, etc. (Si	RY — Al home, fa pecify)	rm, streel, fac	tory, office		281. LOCA City o	TION (Street and r Town, State)	Number or Rural I	Route Number,		
COMPLETED	29a. CERTIFIER											
M M	(Check only	CIAN: To the best of my kno										
8		1: On the besis of examinat	ion and/or investi	gation, in my	opinion, de	ath occured at 1	ha lime, data	and place, and o	due to the cause(s	) and manner as stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIER					29¢, LICENSE N	IUMBER	1100	9d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	SEATU //TEN OF	Tona Carrie		0 -00	211	110	1/29	173		
	Irving Mizus, M.I				C P	a de la const	3.5.3		/			
-	31. DATE FILED (Month, Day, Year)	39. REGISTRAR'S SIG	SNATURE	<i>11</i> ZUC	о, в	ernesda	, Md.					
	FEB 05 '93	30 REGISTRAN'S SIG	A Books	2								
		AV.										



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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	filed within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burdal cremation or remova
HOS	FUNE	vithic
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	HEALTH AND		GIENE	
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	3. TIME OF DEATH
	3	KATALIN	Γ.	KOV	ACS		JANUAR	Y 29, 19	93 8:20 A M
				yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	RTH	BIRTHPLACE (State or Foreign Country)
9.		000 20 2102	□ M 2 🗓 F 7.	3 YRS.			NOV. 1	1, 1919	HUNGARY
3. should	œ	Sa. FACILITY NAME (If not institution, give stree	,			OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH
2.3	<u>ō</u>	7505 DEMOCRACY BOU	LEVARD, #418	3- A	BETH	ESDA		MO	NTGOMERY
	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	ITION			10d, INSIDE CITY
it. er.			GOMERY		BETHES	SDA			1 TES 2 NO
020 physician. burial-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
ian. transi	N	7505 DEMOCRACY BO	OULEVARD, #4			20817			TED STATES
020 physician. burial-trar		1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, ap	CENDENT OF HISPAI pecify Cuben, Mexico	in, Puerto Ricen,		14. RACE — American Indian, Black, White, etc.
9 2 2	ВУ	3 Widowed 4 Divorced	TES, GIVE THIN ON ON	E9	I I I TE	S 2 NO Specif	γ:		Specify: WHITE
r attend	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 1	16a. DECEDENT'S I	rork done during me	ON ost of working	16b. KIND	OF BUSINESS/INDL	JSTRY
\$ n 0	LE.	Elementary/Secondary (0-12)		INSURANC	E				
AND the hospit detached	OM	17, FATHER'S NAME (First, Middle, Last)	4	OFFICE M	MANAGER	18. MOTHER'S NA	ME /Elest Middle		E COMPANY
2 2 2 W	Ŭ U	DEZSO GYORBI	RO			GENS		ETELKA	
MARYLAND retained by the hospit 5 should be detached notified at once.	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street			y or Town, State, Zip	Code)
© m	5	FRANK T. KOVACS		7505 D	EMOCRAC	Y BLVD,	#418-A,	BETHESD	20817 A, MARYLAND
ORE 6 may ector, par		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🕅 Cremation 3 ☐ Remova	1 from State 20b. F	PLACE AND DATEO	F DISPOSITION (N	ame of	/30 <sup>0</sup> /93	20c. LOCATION — C	Ity or Town, State
Page 6 al direct		4 Donation 5 Other (Specify)				ORIUM, I	vq.		, MARYLAND
ALTIMORE, death. Page 6 may be the functor, page t. examiner must be	ľ	40 1 Man 70	AA DINOC	0831 Uncl	ROBE ROBE	RT A PU	MPHREY	FUNERAL	HOME/ 7557 WISCONSIN
0 = 0		Darbara yomen	10		AVEN	UE, BETH	ESDA, M	ARYLAND	20814-3501
B hours after ed in by the or removal		<ol> <li>PART I. Enter the diseases, or con shock, or heart failure. Lis</li> </ol>	nplications that caused to it only one cause on each	the death. Do no th line.	ot enter the mo	ode of dying, suc	h as cardiac o	or respiratory arre	Approximate Interval Between
24 mg mg 24 mg mg 24 mg mg 24 mg mg mg mg mg mg mg mg mg mg mg mg mg		IMMEDIATE CAUSE (Final disease or condition							Onset and Death
		resulting in death) a	LUNG CANCI		n:				11 MONTHS
P 8 6 7 6	2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>r</i> .				
OX 68 e be execut sician and c rior to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	<b>)</b> :				
W # 2 1	5	CAUSE (Disease or injury	DUE TO (DR AS A C	ONSEQUENCE OF	<b>.</b>				
O if being	E	that initiated events resulting in death) LAST	50E 10 (511 A3 A 6	ONSEGUENCE OF	<i>y</i> -				i
death death ental		d							
	SAL	PART ii. Other significant conditions of	contributing to death but	t not resulting in	n the underlyin	ig cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
RECORD requires that the open signed by the Health and shows any land	MEDIC						1 🗆	YES 2 NG	COMPLETION OF CAUSE OF DEATH?
₩ 5 5 5 €	Σ						_		1 TYES 2 NO
AL F he law has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
VITAL IAN: The law tificate has lee State Depi	Sic		OSPITAL:	fent 3 DOA	OTHER:	ne 5 🖺 Residence		c/hr)	
IL 응용투기	ᅔ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT		E HOW INJURY OCC	URED
ON O DING PHYS After this death with	BY	1 🖾 Netural 5 📄 Pending 2 🔲 Accident Investigation	(			YES 2 NQ			
S. Ar Ar de la la r de la la r de		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, st	treet, fectory, offic	De	281. LOCATION City or Tow		or Rural Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	E.								
TAL O	COMPLETED		N: To the bast of my knowled						
HOSP! FUNEF within	Š		On the basis of examination a	and/or investigation	n, in my opinion, e				cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 P	8	296. SIGNATURE MIO TITLE OF CERTIFIER	(m)			29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)
₽ ₽ 2 ₹	2	30. HAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF DEAT	H (ITEM 27) (7/100	Print)			JAN	UARY 29, 1993
12		YLENE A. LARSEN, M				E. #1125	. CHEVY	CHASE,	MARYLAND 20815
1	ı	31. DATE FIELD (HON) 22 193	32. REGISTRAE'S SIGNAT			-, "1147	, CHEVI	OHINDE!	20013
		TED UZ 33	gurerburdon	A-MARCHER					





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or an experiment. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

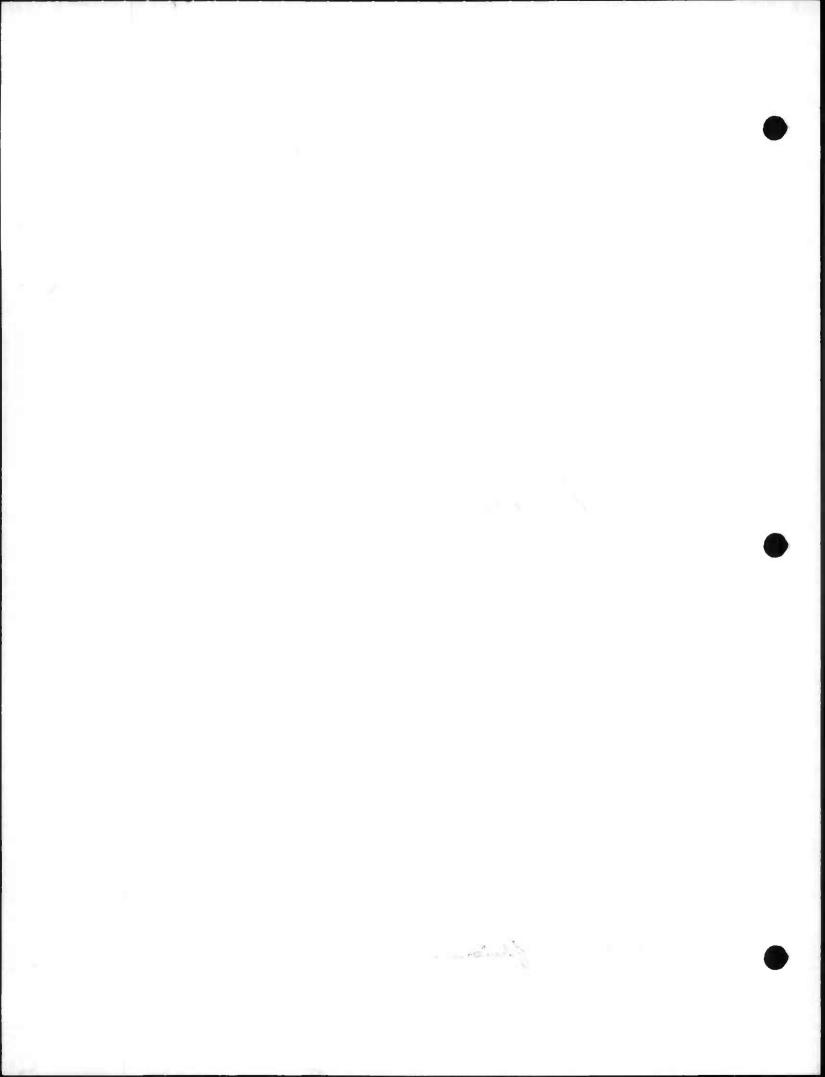
BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)	1.						2. DATE OF DEAT	1/27/	93	3. TIME OF DEATH
1 3		TARY	KII	NGSW	ELL	Mary H	. Kinos	T[qu	1 -	27 -	93	7 Am
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	it birthday)	F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTH	IPLACE (State or Foreign
1	216-46-7340		1 □ M 2 🏋 F	86	YRS.	DAYS	HOURS	MIN.	03/10/09		Courar	"Tennessee
_	9a. FACILITY NAME (If not in		treet and number)		۰	b. CITY, TOWN	OR LOCATE	ON OF DE	HTA	9c. CO	UNTY OF D	EATH
DIRECTOR	Suburban Ho					Beth	esda			M	ontgon	ery
EC	10e. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY
급	MD	Monte	onery		K	ensinet	on					LIMITS?
AL	10e. STREET AND NUMBER						IOI, ZIP CODE	E		10g. CI	TIZEN OF V	VHAT COUNTRY?
빌	3522 Raymo	r Road					20	895		U	nited :	States
FUNERAL	11. MARITAL STATUS  1 Never Married 2 📉	Mondad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13. WAS DI	ECENDENT C	F HISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc.	Yes or No-	14. RACE	— American Indian, c, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE W			1 🗆 YI	ES 2 NO	Specify		,	Speci	
ED	15. DEC	EDENT'S EDU	CATION	18a, DE	CEDENT'S US	UAL OCCUPAT	TION		16b, KIND OF	BI ICINESC/II	IOUETRY	
E .	(Specify onl	y highest grade	completed) College (1-4 or 5 -	(G	ive kind of wor Do NOT use r	k done during i etired.)	most of working	g	Total Karto Or	DOGINESSIN	10001111	
COMPLET	12		4+		nemaker				H	usewi fe	2	
Ö	17. FATHER'S NAME (First, M	iddle, Last)			ala complete.		18. MOTI	HER'S NA	ME (First, Middle, Me			
BE	William Powel								Thomas			
0	19a. INFORMANT'S NAME (1								Route Number, City or		(ip Code)	
	T. Bruce Hale							Clin	ton. TN 3		_	
	1 Burial 2 Cremetic 4 Donation 5 Other	n 3 🗆 Reme	oval from State	cemetary, cre	matory or other	DISPOSITION (	1/	31/93		LOCATION -		
	21. SIGNATURE OF FUNERA		енубе)	West	view (	enetery 22. NAME	AND ADDRES		J	efferso	n (ity	T
1 1	× X/6.0.	· 10	0			Hines	Rinal	li Fu	neral Home			
Н	23. PART I. Enter the di	1/1	MAIR	A amused the de	ath Daniel	<u> 11800</u>	New H	mpsh	ire Ave.,	Silver	Spring	
	shock, or h	eert fallure.	List only one cau	ise on each line	. DO NOT	onter the n	lode of dyl	ng, suci	n as cardiac or h	apiratory a	rreat,	Approximata Intervai Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	12	0	1 100	1. 1			1. 1			Onset and Death
	resulting in death)	7	a. DUE TO	COR AS A CONSE	QUENCE OF):	POLLS	a a	COLA	aux			Luceko
z	Sertion Poster William		(0)	COR AS A CONSE	007	MINE	clans	11				1
[일]	Sequentially list conditi if any, leading to imme	diate	DUE TO	(OR AS A CONSE	DUENCE OF):					_		
<u>  S</u>	cause. Enter UNDERLY! CAUSE (Disease or Inju		90	VERELEN	d a	rton	wscle	race	1			
Ė	that initiated events resulting in death) LAS	т .	oue to	(OR AS A COMBE	DUENCE OF):							i 1
CERTIFICATION		-	d									İ
	PART II. Other significa	nt condition								AN AUTOPS	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL	- My pell	assen	Cluca	uc oker	melu	& pul	mence	cy/	1 YE	S 2 000		COMPLETION OF CAUSE OF DEATH?
Σ	alslan	Keppo	Huproa	liem		0						1 TES 2 NO
AN	05 HM 0 0405 05550050 T	//										
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	. 201. DAS 10		THER:	PLACE OF D					
ΗŠ	1 YES 2 NO		28a. DATE OF		28b, TIME C		ome 5 Re	sidence	6 Other (Specify) 28d. DESCRIBE HO	W IN HIEV O	CCLIBED	
		Pending	(Month, D		INJUR	Υ	YORK?	NO	200. DESCRIBE IN	W INSUNT O	CCONED	
Э ВУ	a C a titl	Investigation Could not be	28a. PLACE O	F INJURY — At ho	me, farm, stre				281. LOCATION (Str	eet and Numb	er or Rural R	loute Number,
Ē		determined	ounding,	etc. (Specify)					City or Town, S	tate)		
W 1											-	
2	29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurred	et the time, da	te and place,	and due	to the cause(s) and	manner as st	eted.	
OMPI	(Check only		CIAN: To the best of R: On the basis of a									) and manner as stated,
E COMPLETED	(Check only	CAL EXAMINE	R: On the basis of a				death occur		time, date end place	, and due to	the cause(s	) and manner as stated, (Month, Day, Year)
BE	(Check only 1 DE CERT ONE) 2 MEDI 29b. SIGNATURE AND TITLE	OF CERTIFIER	R: On the basis of a	E MS	investigation,	In my opinion,	death occur	ed at the	time, date end place	, and due to	the cause(s	
ш	(Check only 1) CERTI one) 2 MEDI	OF CERTIFIER	R: On the basis of a	E MS	investigation,	In my opinion,	29c. LICE	ENSE NUM	time, date end place BER  PUO 946	29d. DA	the cause(s	
BE	(Check only 1 ) CERT ONE)  2 MEDI  29b. SIGNATURE AND TITLE  MULLUH B  30. NAME AND ADDRESS OF	OF CERTIFIER PERSON WHO	R: On the basis of a	E MS	investigation,	In my opinion,	29c. LICE	ENSE NUM	time, date end place	29d. DA	the cause(s	
BE	(Check only 1 ) CERT ONE)  2 MEDI  29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF  31. DATE FILED (Month, Day,	OF CERTIFIER	AND CAUSE OF STREET CAUSE  O COMPLETED CAUSE  TYMOM	E MS	M 27) (Type, Pr.	In my opinion,	29c. LICE	ENSE NUM	time, date end place BER  PUO 946	29d. DA	the cause(s	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

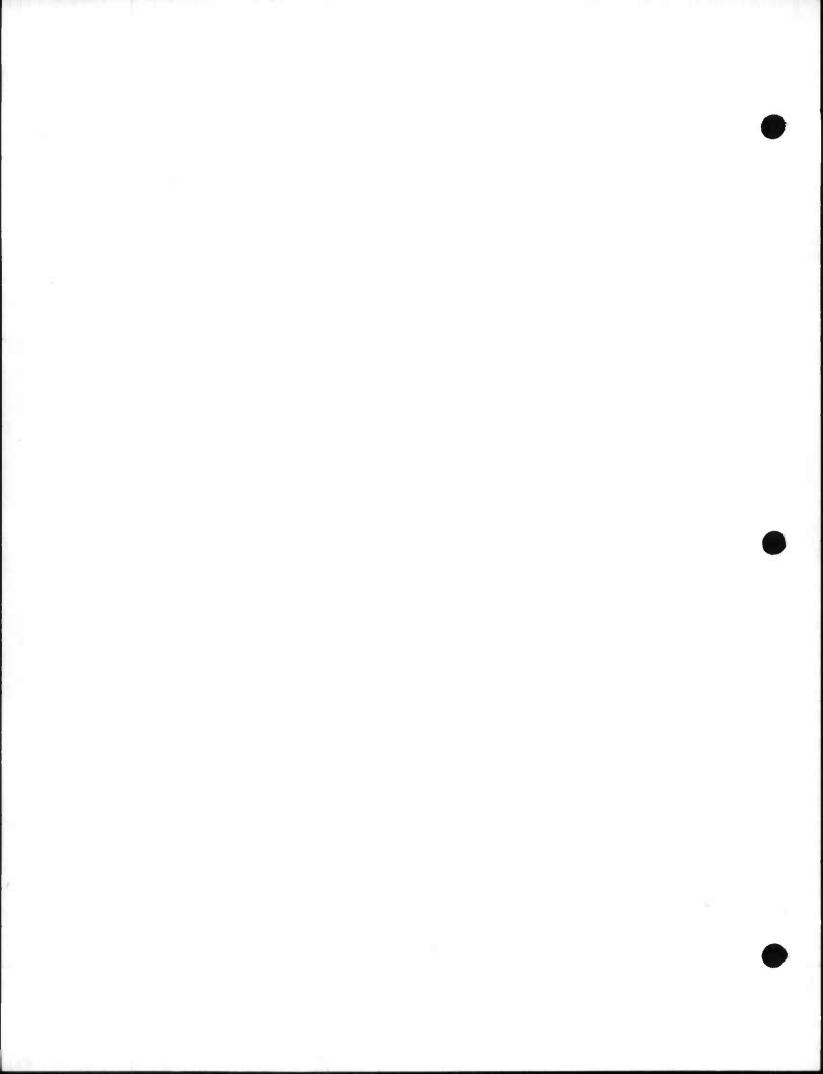
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART			MENTAL HYGIENE REG. NO.	E	
	1. OECEOENT'S NAME (First, Middle, Lest) LILLIE BL	_ANCHE		KING		2. DATE OF DEATH FEBRUARY	b4,19 <b>53</b>	3. TIME OF DEATH 5:48P M
		5. SEX 8. AGE (In ) 1 \( \triangle \text{ M 2\lambda X} \) F 90		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 9-9-1902	Co	ATHPLACE (State or Foreign unity) shington DC
DH.	90. FACILITY NAME (If not institution, give stre PH¥SICIANS MEMO) RESIDENCE OF DECEMENT	· ·		LA PLA	R LOCATION OF DE	ATH	OC. COUNTY OF	
DIRECTOR	100. STATE 10b. COUNTY Maryland Char.	les		TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1  YES 2 X NO
7	10e. STREET AND NUMBER 16614 Gardner Roa	d		1000	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY? A
BY PUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR OATE	2)(XNO	If yes, spi		IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	B S <sub>i</sub>	ACE — American Indien, leck, White, atc. pecify: White
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12)	College (1-4 or 5+)	Give kind of working. Do NOT use Sales	rk done during mo- retired.)	N It of working	166. KIND OF BUS		tment Store
BE COM	17. FATHER'S NAME (First, Middle, Lest)  John J. Curtis				18. MOTHER'S NAM Blanc	ME (First, Middle, Maiden s	<sub>sumeme)</sub> (maiden	name unknown
2	190. INFORMANT'S NAME (Type/Print) Shirley A. Cornwe	-	1			Waldorf, M	n, State, Zip Code) d • 2060	1
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Remov 4 Donetton 5 Other (Specify) 21. S MATURE OF FUNERAL SERVICE LICE	Waste g	PLACE OF DISPOSITE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	netery   Printt	o aboness of Ear Funeral	McI	Bee, S.	С.
HILICALION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente							
N: MEDICAL CE	PART II. Other eignificant conditions	contributing to deeth but	not resulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOR 1 TYES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch	eck only one)  B  Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WC	URY AT RK? /ES 2	28d. DEŞCRIBE HOW II	NJURY OCCURE	
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Specify	- At home, farm, str	eet, factory, offic	•	261. LOCATION (Street & City or Town, State)		ral Route Number,
COMPLEIED	(Oritical Ority	IAN: To the best of my knowled: On the beste of examination of						se(e) end manner ee stated.
IO BE C	29b. SIGNATURE AND TITLE OF CENTIFICE	isting		-	29c. LICENSE NUI D-23021	WBER	29d. DATE SIG	NED (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO Sanjeeb K. Mishra	, MD. 7C Post	t Office	Road C	enna Cen	ter Waldor	f,Maryl	and 20602
	Sanjeed K. Mishra  31. Date Filed (Month, Day, Year) FEB 09 '93	32. REGISTRAR'S SIGNAT						

ittending physician	e as the burial-transit permit	
nay be retained by the hospital or	, page 5 should be detached for u	st be notified at once.
within 24 hours after death. Page 6	pletely filled in by the funeral directo remation, or removal.	ent, the medical examiner mu
the death certificate be executed w	r the attending physician and comp d Mental Hygiene prior to burial, c	Injury, or other traumatic ev
PHYSICIAN: The law requires that	this certificate has been signed by with the State Dept. of Health an	rked, or Item 23 shows any
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR		STATE OF I	WARYL		DEPAR ERTIF					MENTA	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First	t, Middle, Last)	Edna		K	ravi	t z				2. DAT		93	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 214-10-67	S6	5. SEX 1 M 2 X F	6. AGE		t birthday) YRS.	_	DAYS	IF UNDE	R 24 HRS.	7. DATI (Mor	E OF BIRTH		a. BIRTHI Country Mary	PLACE (State or Foreign
Œ	9a. FACILITY NAME (If not in 324 Glen A							y, town o		ION OF DE		, 20,	9c. COUN	MTY OF DE	
16	RESIDENCE OF DE		JC 301				·	2113	July				WICO	milco	
DIRECTOR	Maryland	10b. COUNT	comico				Y, TOWN	OR LOCA	NOI						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
- 23	100. STREET AND NUMBER 324 Glen Av						11101		. ZIP COD	2180	01		USA	ZEN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried	12. WAS DECEDED FORCES?	YES	2 X4N	MED IO		If yes, sp	ecity Cub	an, Mexica	n, Puerto	IN? (Specify Yes Filcen, etc.)	or No—	14. RACE Black, Specify Wh 11	
TED	(Specify on	EDENT'S EDU ly highest grade	completed)		(Gr	CEDENT'S ve kind of Do NOT us	work done	during mo	ON ast of work	ing	16	ib. KIND OF BUS	SINESS/IND		LE
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	57.79	ouse						domesti	ic		
TO BE CON	17. FATHER'S NAME (First, A								16. MOT			Middle, Malden	,		
B	Benjamin (		ivarz		100	AAAH ING	ADDRES	0.00	- 4 1/1-2			(unk)		_	
	Alex M. K	,,,,,,,	Z		190							Salist			21801
שתפנ מפ	20a, METHOD OF DISPOSIT  1 Suriel 2 Crematic  4 Donation 5 Other	on 3 🗆 Hem	oval from State	cem	netery, crei	no date	ther piece,	)			1/2		cation — d		
gyammar	21. SIGNATURE OF FUNERA	L SERVICE LIE	llen		7		22. H	NAME AI	Way	Fune	curv eral	Home			d. 21801
CERTIFICATION	23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthst initiated events resulting in death) LAS	ions, diate	a. DUE TO	Jse on e	CONSEC	DUENCE O	xcol					na) of			Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significa	ant condition	s contributing to	death b	ut not n	eaulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF D	DEATH (Che	eck only o	one)			
1 ×	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Pending	1 Inpatient 2 28e. DATE Of (Month, D	INJURY	patient 3	28b. TIM	4 - Nui	28c, INJ	-	esidence		er (Specify)	NJURY OCC	CURED	
TED BY PH	2 Accident	Investigation  Could not be datermined	28e. PLACE (	F INJURY	— At ho	me, farm,	M street, fac		YES 2 [	□ NO	281. LO	CATION (Street a y or Town, State)	and Number	or Rural Ro	oute Number,
TO BE COMPLETED		CERTIFIES PERSON WH	O COMPLETED CAU	examination of the second	n end/or I	nvestigation	on, In my		eath occu		time, dat		d due to the	e ceuse(e)	end menner ee stated. (Month, Day, Year)
10	31. DATE FILED (Month, Day, JAN 2919	193	fula Davids	AR'S SIGN	ATURE	- INI PO	C	WITE	12	MEDI	KAL	CENTER		DLISE	BURY MO



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 9 3 02 8:48 PMP Kirtscher STEPHEN MARK 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 X M 2 - F 217 60 3962 YRS. 38 05-16-1954 MDpermit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARVE DE GRACE HARFORD FUNERAL DIRECTOR SENCEA AVENUE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MDHarford Havre de Grace 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 130 Seneca Avenue burial-transit 21078 USA urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: £ White use as t COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 <u>Maintenance Man</u> City Government once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Sumame) funeral director, page 5 should be To Allen Walter Kirtscher, Jr. Irene Jane Shatinski notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Allen W. Kirtscher, III 132 Seneca Ave., Havre de Grace, MD21078 pe 20a. METHOD OF DISPOSITION
120 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Angel Hill Cemetery 4 Donation 6 Other (Specify) 2/8 Havre de Grace, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. fleran TI Havre de Grace, MD n by the removal. 21078-3197 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in shock, or heart failure. List only one cause on each line. interval Between ō **IMMEDIATE CAUSE (Final** Onset and Death the attending physician and completely fill Mental Hygiene prior to burial, cremation, the disease or condition ACUTE NARCOTIC AND ALCOHOL INTOXICATION resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS and and AVAILABLE PRIOR TO has been signed by Dept. of Health ar COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) h the State **EXAMINER?** HOSPITAL: OTHER: 1XXES 2 □ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Rasidence 6 Other (Specify) of the 27. MANNER OF DEATH 28a, DATE OF INJURY 7:30 p with t 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 5 Pending Investigation 2-4-93 FOUND 1 YES 2 X NO BY After 2 Accident SUBject used drugs and alcoho
261. LOCATION (Street and Number or Rural Route Number,
City or Town, State)
UNKNOWN 28s. PLACE OF INJURY — At home, term, street, factory, 3 Suicide 6 Could not be DIRECTOR: A hours after of Item 28 Is COMPLETED 4 Homicide UNKNOWN 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the beels tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) end menner as stated. IMPORTANT: BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 불분별 ▶ 02/05/93 O.C.M.E. 223 de 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MP111 Penn Street, Baltimore, Maryland 21201

.32 AEGISTRAR'S SIGNATURE

1,

DALIMORE, MARTLAND	cuted within 24 yours after death, Page 6 may be retained by the hosp	d completely filled in by the funeral director, page 5 should be detache unal, cremation, or removal.	ilc event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% Jun's after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

												9 3	) 03963
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR					MENTAL	HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE O	F OEATH			3. TIME OF DEATH
	IGOR GEORGE			KURG.	ANSK	Y			MONTH FFRRI	IARY 6		EAR	11.00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		BIRTH	IPLACE (State or Foreign
	579-46-8606	1)(_)(M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	04-27	7-1925		Country	HINA
	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN O	R LOCATIO	ON OF OR		1323	9c. COUNTY		
۳ ا	BOX 395-C1 HORSES	HOE DRIV	F		1 Δ	PLA	ТΔ				CHARLI	25	
티티	RESIDENCE OF DECEDENT										CHAIL		
DIRECTOR	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
1 - 1	MARYLAND CHARI	LES		L	A PL							$\Box$	1 YES 2 X NO
FUNERAL	DOV 205 1 1700					10f.	ZIP CODI	E					VHAT COUNTRY?
	BOX 395-c-1 HORSES						0646					S.A	
E	11. MARITAL STATUS 1 Never Married 2 X Married	12, WAS DECEDEN FORCES? 1	YES 2 V	MED (10	13.	WAS DECI	ENOENT Cook	OF HISPAN In, Mexica	NIC ORIGIN? in, Puerto Ri y:	(Specify Yea can, etc.)	or No- 14	Black	E — American Indian, k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES'	`		1 YES	2 X NO	Specify	y:			Speci	
ED	15. DECEDENT'S EDUC	CATION	16a DE	CEDENT'S	HSHAL O	CCUPATIO	IM .	<del>.</del>	16h	KIND OF BUS	INESS/INDUS		I E
ETE	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of . Do NOT u	work done	during mos	st of working	ng	104				
COMPLET	12	0	"	MANA	GFR				I TN	ISIIRAN	CE COI	ИРΑ	NY
NO.	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA		iddle, Maiden		11 /1	IV I
	GEORGE KURGANSKY						RUF	TNA	A. KI	JRLINA			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a					, State, Zip Co	ode)	
임	GALIA B. KURGANSK	Υ											. 20646
	20a METHOD OF DISPOSITION 1 Disposition 3 □ Ramo		20b, PLACE	OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. LO	CATION — CIT	v or To	own. State
	4 ☐ Donation	ovel from State		TY M	<b>EMOR</b>	IAL	GARD	ENS	2-8-9	AAW EG	DORF.	MA	RYLAND
	21. SIGNATURE OF JUNERAL SERVICE LTC	MARK G.			22.	NAME AN	D ADDRE	SS OF FA	CILITY				
	White Als	Sinkly G.	M0005							HOME,	2060	4	
$\Box$	23. PART . Enter the diseases, or c	omplications the											Approximate
	shock, or heart failure.	List only one cau	se on each line	Ð.				230					Interval Batween Onset and Dasth
	IMMEDIATE CAUSE (Final disease or condition	(he)	tastati	. (	icst	0.	Car	101					Marko.
	resulting in death)		(OR AS A CONSE			410	0	100					(104) B
z													
RTIFICATION	Sequantially list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):								
3	cause. Entar UNDERLYING CAUSE (Disease or injury	C											
1 = 1	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
	resulting in death) LAST	d											
0	PART II. Other significant condition	s contributing to	death but not	resulting	In the u	nderlying	cause	given in	Part i.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
									_	1   YES 2	X-X-		DF DEATH?  1  YES 2 NO
									_				1 123 2 1 1.10
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	neck only one	))·			
120	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R: rsing Hom	- 5 M B	esidence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH	28a. DATE OF	NJURY	26b, TIR	AE OF	28c. INJ	URY AT				NJURY OCCU	RED	
<u>a</u>	Natural 5 Pending investigation	(Month, L	Day, Year)	IN	JURY		RK7 YES 2	NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At h	ome, farm,	street, fac	tory, offic					and Number or	Rural	Route Number,
TED	4 Homicide datermined	buttoing,	etc. (Specify)						Uny o	r Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, d	eath occur	red at the	time, date	and place	, and dus	to the cau	e(s) and mar	mer as stated		
×	(Check only one) 2 MEDICAL EXAMINE												s) and manner as stated.
	29b. SIGNATURE AND ATTLE OF CENTIFIE	1					29c. LIC	ENSE NU	MBER		29d. DATE S	SIGNED	(Month, Day, Year)
出	ANNHOS	~)					D-27				D 2	17	63
일	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (ITE	FM 270 (Turn	e Print)		1	J-7-U				+~	v./

4F INDUSTRIAL PARK DRIVE WALDORF MMARYLAND 20604
32. RECISTRARS SIGNATURE

ANY OF THE PARK DRIVE WALDORF MMARYLAND 20604

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOWARD M. HAFT M.D.

FEB 1 0 93

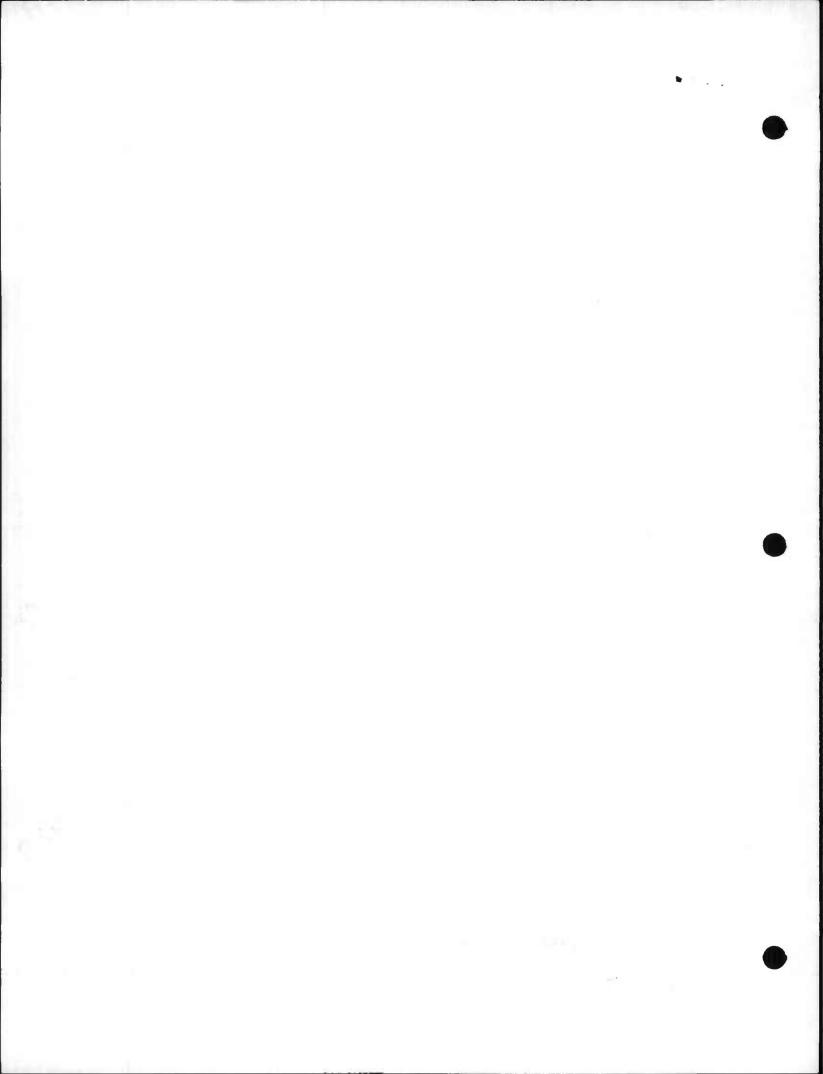
DHMH-16 Rev 1/89

		ansit permit. Pages 1, 25,3 should	And the state	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages free should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.	IMPORTANT: If item 28 is marked, or item 23	

TO BE COMPLETED BY FUNERAL DIRECTOR

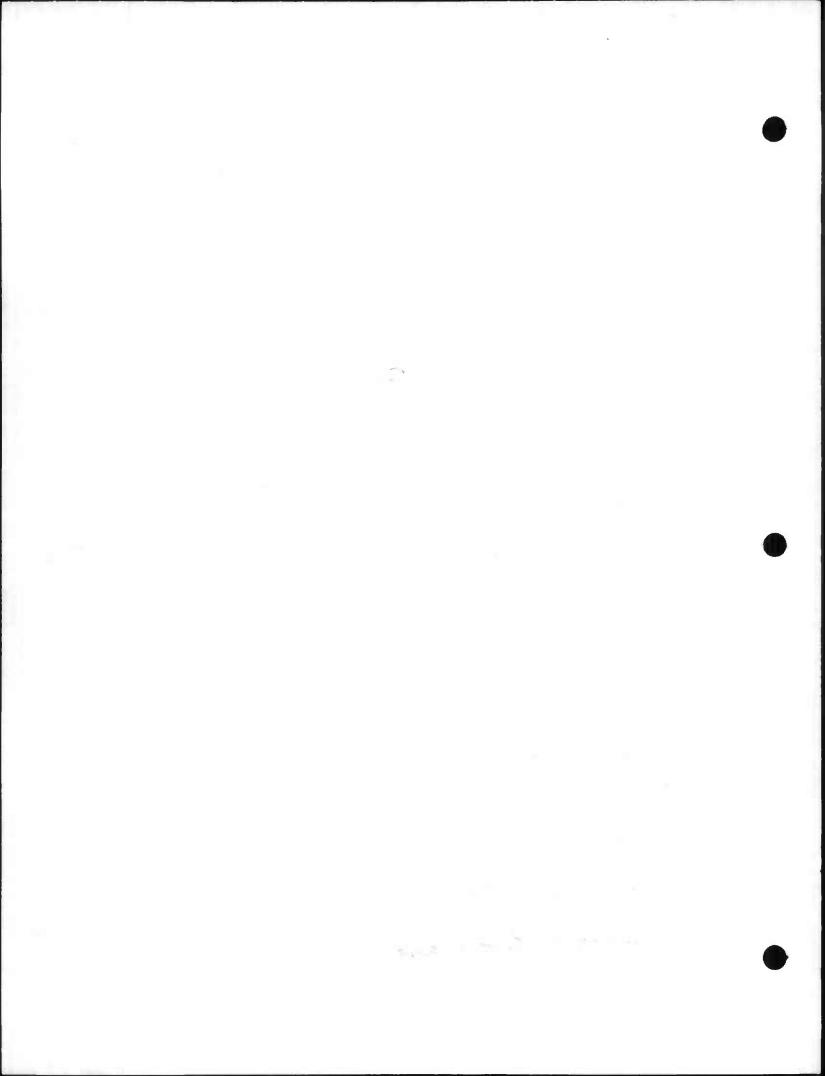
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENT	AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)						2. DA	TE OF DEATH		3. TIME OF DEATH
MURIEL		W.			KNOT	rs		ruary 2,	1993	5:30 P M
4. SOCIAL SECURITY NUMB	- 1	12.4	AGE (In yrs. las	//	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	8. BIRT	HPLACE (State or Foreign
232-80-1320		□ M 2 X F	92	YRS.	DAYS	HOURS MIN.	0	21-1900	) WV	,
9a. FACILITY NAME (If not in:				- 1	9b. CITY, TOWN	OR LOCATION OF D	EATH	9	c. COUNTY OF	DEATH
Memorial Hos	spital &	<u>Medical</u>	Cente	r	Cumbe	rland			Allega	iny
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
WV	Mine	ral		Ri	dgeley					1 VES 2 NO
10e. STREET AND NUMBER					1	Of. ZIP CODE		10	og. CITIZEN OF	WHAT COUNTRY?
Route 1 B						26753			USA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Division	Married	FYES, GIVE WAR	/ES 2 1	RMED NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specific	an, Puerl	GIN? (Specify Yes or to Rican, etc.)	No- 14. RAC Blac Spec	E — American Indian, ok, White, etc. ony: white
15. DECI	EDENT'S EDUCATI highest grade com	ION soleted)	16a. DE	CEOENT'S U	SUAL OCCUPAT	ION	11	I6b. KIND OF BUSINE	ESS/INDUSTRY	WILLCC
Elementary/Secondary (0-		college (1-4 or 5+)	Me	. Do NOT use	retired.)	lost or working				
unknown				homem	aker			own h		
17. FATHER'S NAME (First, MI		-						t, Middle, Maiden Sun	,	
Charles 19a. INFORMANT'S NAME (7)	Bolyar	rd				<u> </u>	-	M. Bishop		
and the second second	All reads	Lton						umber, City or Town, S		
Mr. Homer		tts			DISPOSITION //			y, WV 267	7 3 3 10N — City or Ti	
1 Description 1 Description 1 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2 Description 2	n 3 🗆 Removal	from State	cemetery, cre	matory or oth	er place)	ıl Garden	ر حالے	ATE 20c. LOCAT	Vale, M	
21. SIGNATURE OF FUNERAL		BEE	Rest	lawii i		IND ADDRESS OF FA		1 100	vare, r	<u> </u>
· Jane	07	Scar	pell	1	Cun	rpelli F berland,	MD	21502		- 1
23. PART V Enter the dis	seases, or com eart fallure. List	pilications that can	jed the de	ath. Do no	t enter the m	ode of dying, suc	ch as c	ardiac or respirate	ory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fin	ai	4)	252.50		1.	0				Onset and Death
disease or condition resulting in death)	<b>→</b> a	Congest DUE TO (OR	me C	ardre	ac fai	line				3 weeks,
		DUE TO (OR DUE TO (OR	AS A CONSE	OUENCE OF)		Mus	9	1070	1 - 1	
Sequentially list conditi	ons, b	DUE TO (OR	AS A CONSE	DUENCE OF	MAR	ryoe	ng	af Lici	nume	
if any, leading to immed cause. Enter UNDERLY!	NG	•								
CAUSE (Disease or Injust that initiated events	ry 6 -	DUE TO (OR	AS A CONSE	OUENCE OF)						
resulting in death) LAST	d									
PART II Other aignifican	nt conditions o	Ontributing to dea	th but not a	reaultine in	the residential		Don't	Ta		
Poor LI	/ Lance	tion /	Pean	O	and Roses	on the Color	AL.	PERFORME	D?	MAILABLE PRIOR TO
Porque	Itis 1	ALCH T	Serie	Corros	1190000	cers us u	1 lis	1 - YES 2	NO	OF DEATH?
1 / Deals	nero /									1 YES 2 NO
25. WAS CASE REFERRED TO	MEOICAL				26 5	LACE OF DEATH (C)	heck only	one)		
EXAMINER?	H	OSPITAL:	Outpatient 3		OTHER:	me 5 - Residence				
27. MANNER OF DEATH		28a. DATE OF INJU	IRY	26b. TIME	OF 28c. IN	JURY AT	_	DESCRIBE HOW INJU	RY OCCURED	
	Pending nvestigation	(Month, Day, Ye	er)	INJU	1.0	ORK? YES 2 NO				
3 Suicide 6 0	Could not be	26a. PLACE OF INJ building, atc.	IURY — At ha	ome, farm, str	eet, factory, off	ca	261. L	OCATION (Street and ity or Town, State)	Number or Rural	Floute Number,
4 Homicide	fetermined		,,,				ľ	ny or rown, orano,		-0-
	IFYING PHYSICIAN	: To the best of my i	rnowledge, de	ath occurred	at the time, da	a and place, and due	a to the	cause(a) and manner	as stated.	7.5
one) 2 MEDIO	CAL EXAMINER: O	n the basis of sxamir	netion and/or	Investigation	In my opinion,	death occured at the	e time, d	ata and place, and de	ue to the cause(	s) and manner as stated.
29h SIGNATUM AND TITLE	OF CERTIFIER					29c. LICENSE NU	MBER	29	d. DATE SIGNED	D (Month, Day, Year)
Moch	- Comments	MA				D17920			2-4	-1993
30. NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, F	Print)					
Dr. Narayan	Saheta			pital	Cumb	erland,	MD.	21502		
31. DATE FILED (MONT), Day.	5 1993	32. REOFTRAR'S	SIGNATURE	Frence					<del>- "-</del>	
		1/		,						



BALTIMORE, MARYLAND 21215-0020	uted to the hospital or attending physic	detached for use as the burial-
BALTIMORE	4 hours after death. Page 6 meade in	filled in by the funeral director, more in, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm/de memory as the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, more than the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR JAMES WILLIAM LEWIS 1993 JAN. 24 12:05 P M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) AUG. 28, 1897 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 95 YRS. 214 05 9952 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND, MD ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TATA 7 Mineral Ridgelev YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA Main Street 26753 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pt 1 YES 2 NO Specify: 1 Never Married 2 KMarried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ret. supervisor Tire Co. unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
ROSE Light Asa W. Lewis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 RD 3 Bedford, PA Rev. Elenore McClarren 20a METHOD OF DISPOSITION
1 \( \text{M} \) Burlel 2 \( \text{Cremation} \) 7 \( \text{Cremation} \) 8 \( \text{Removal from State} \) 4 \( \text{Donation} \) 5 \( \text{Other (Specify)} \) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State
Cumberland, Md 1-26 must "Hill Crest" Burial Park medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home anes Cumberland, MD 21502 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition Neumonia State Dept. of Health and Mental Hygiene prior to burial, crema Item 23 shows any injury, or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 (NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 TO NO 165 Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 72 hours a 1/2. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On. the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 MRXXWXXXMMERX DR. LIVENGOSeton Drive, Cumberland, Md 21502 32 REGISTRAR'S SIGNATURE



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attending physician.

BALTIMORE, MARY AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

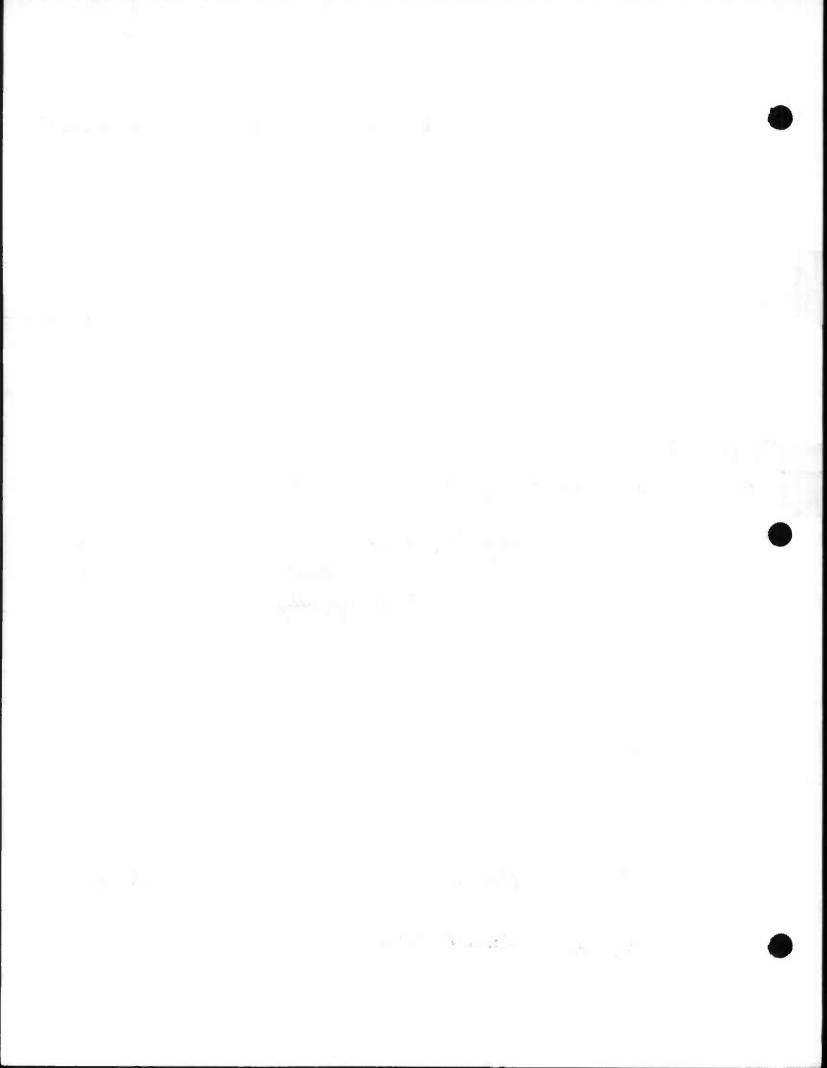
STATE OF	MARYLAND A	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	C	ERTIFICATE	OF DEAT	TH.		DEC NO

	1 - STATE OF MAR	YLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E		
7000		len L	ONG	Jan. 8, 1	993 YEAR	3. TIME OF DEATH 9;57 a M	
	215-20-9798 1□ M 2 🕮 F	92 YRS. MONTHS	MONTHS DAVE MOLING MAN		Count	HPLACE (State or Foreign ry)  ryland	
TOR	99. FACILITY NAME (If not institution, give street end number)  5712 Butterfly Lane RESIDENCE OF DECEMENT	9b. CIT	96. CITY, TOWN OR LOCATION OF DEAT Frederick		9c. COUNTY OF DEAT Frederi		
FUNERAL DIRECTOR	106. STATE 106. COUNTY  Maryland Frederick		10c. CITY, TOWN OR LOCATION  Woodsboro		100		
NERAL	10a. STREET AND NUMBER 11723 Legore Bridge Road		10f. ZIP CODE 21798		10g. CITIZEN OF V	NHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVE FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES FORCES? 1 V FORCES FORCES? 1 V FORCES FORCES? 1 V FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES FORCES F	ES 2 NO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specified)  If yes, specify Cuben, Mexicen, Puerto Ricen, etc.  1   YES 2 NO Specify:		y Yes or No— 14. RACE — American Indian, Black, White, atc. Specify White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16e, DECEOENT'S USUAL C (Give kind of work done life, Do NOT use retired.)	during most of working	18b, KIND OF BUS			
COMP	6 17. FATHER'S NAME (First, Middle, Last)		Honemaker  18. MOTHER'S NAM		ME (First, Middle, Meiden Surneme)		
BE	James  100. INFORMANT'S NAME (Type/Print)	BARRICK				UNKNOWN	
2	John C. Morgan		bb. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, 5712 Butterfly Lane, Frederick,				
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremellon 3 Removal Irom State  4 Donallon 5 Other (Specify)	ROB. PLACE AND DATE OF DISPOSEMENTARY, crematory or other place		1	CATION — City or To		
ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Reeney and E	Basford P.A.	Funera	LHome	
ATION	23. PAHT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or reepiratory erreat, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death	but not resulting in the un	eculting in the underlying ceuse given in Par		Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?							
XSI	1 YES 2 NO 1 Inpatient 2 ER/O	utpatient 3 DOA 4 Nur		6 Other (Specify)			
BY PH	27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED		
	Des BLACE OF MANNE.			d Number or Rural R	Number or Rural Route Number,		
29e. CERTIFIER (Check only one)  2						end manner es stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)		
	Dr. Gene F. Ashe MD Woods	boro Medical	Center, Woo	dsboro, Md.	21798		
	31. DATE FILED MOON, Por Toer 1999 File Jan Jan dis	NATURE					

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UIS C	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remain	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) (LEROY J.	LAND	on bor	,		13 190		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. $216-14-9940 \hspace{1.5cm} \text{1} \hspace{0.1cm} \text{3cm} \hspace{0.1cm} \text{2} \hspace{0.1cm} \text{pt} \hspace{0.1cm} \text{69}$	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 15,		BIRTHPLACE (State or Foreign Country) Maryland	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEAT		NTH	9c. COUNTY OF DEATH		
DIRECTOR	PENINSULA REGIONAL MEDICAL CENT RESIDENCE OF DECEMENT	TER	SALI	SBURY		WICOMICO		
IREC	106. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION  Crisfield				10d. INSIDE CITY LIMITS?  1 YES 2 X NO	
AL D	Maryland Somerset  100. STREET AND NUMBER		101. ZIP CODE				OF WHAT COUNTRY?	
FUNERAL	26275 W. Pear Street		21817 U.S.A.			.S.A.		
BY FUR	11. MARITAL STATUS  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☑ YES 2 □ N IF YES, GIVE WAR OR DATES  W. W. II — Army		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell If yee, specify Cuban, Maxican, Puarto Rican, atc.)  1  YES 2 NO Specify:			a or No—  14. RACE — American Indian, Black, Whita, atc.  Specify:  White		
TED		DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BU		TRY	
PLE	Elementary/Secondary (0-12)  H. S. Graduate  N		Rive kind of work done during most of working Arine Policeman		D. N. R. State of Maryla		vland	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE	George T. Landon  Virginia Parks  198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)			de)				
2	Essie C. Landon (Wife)			,b,c,d,e,				
	20e. METHOD OF DISPOSITION $01-15-93$ 1X2 Burlel 2 $\square$ Cremation 3 $\square$ Removal from State of the SUNY	ce of disponsible of place).					ION — City or Town, Stata .sfield, MD	
				ns Funeral Home t Crisfield, MD 21817				
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart fellure. List only one cause on each i	deeth. Do	not enter the m	ode of dying, such	as cerdiac or resp	elratory arrest	intarvai Between	
	disease or condition resulting in desth)  a. Ruspustry Quest					Onset and Death  MINS		
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	COL	n: Iduruy	malley			YRS	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST							
CAL C	PART II. Other algnificent conditions contributing to death but no	ot reaulting	In the underlyle	ng cause given in i		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
DIC					1 _ YES 2 _ NO		COMPLETION OF CAUSE OF DEATH?	
. M							1 TES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. I OTHER:	PLACE OF DEATH (Che	eck only one)			
PHYSICIAN: MEDI	1 Pinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28e. DATE OF INJURY  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation			M 1 YES 2 NO				
					28f. LOCATION (Street City or Town, State	CATION (Street and Number or Rural Route Number, y or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED (Mon				HGNED (Month, Day, Year)				
D						113/43		
	DONACO M. WOUD PLMC  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  JUNE DEVILOR—Randell							
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATUR	n- Aand	200					
	JAN 1 9 '93 guhie Devide		-27				21V2	



3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law

ROBIN Robin Lee Lewis LEW 10:10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH 8. BIRTHPLACE (State or Fareign 3/23/1964 1 M 2 - F 215-84-6496 Maryland burla-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR TIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? TYES 2 NO Maryland Dorchester Cambridge FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 121 Washington Street 21613 US physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MAO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Spec#yWhite 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11 Waste Management Co. Worker at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Melvin R. Lewis Pauline Bell BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pauline Salisbury 121 Washington St. Cambridge, Md. 21613 Pe 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cometery, cremetory or other place)
E. New Market Cem. 2/ New Market, Md. medical examiner 31. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home Cambridge, Md. 21613 23. PART J. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw ŏ Onset and Death **IMMEDIATE CAUSE (Final** has been signed by the attending physician and completely filler. Dept. of Health and Memal Hygiene prior to burial, cremation, 123 shows any Injury, or other traumatic event, the I disease or condition resulting in death) DUE TO (OR ATOWAY MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

Previous Monta Philadelphia Conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 (NO OF DEATH? 1 TES 2 TINO PHYSICIAN: 660 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem r this certificate h h with the State [ EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO e 5 🗆 Residence 6 C Other (Specify) 0 Morth, Day Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident Airway ВУ 1 TYES DIRECTOR: After the hours after death w Undet. 28e. PLACE OF INJURY — At ho building, etc. (Specify) 60 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number 8 Could not be COMPLETED 28 4 Homicide Tem Tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated. FUNERAL C IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of st westigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER HE HE 2 223 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Mor 32. REGISTRAR'S SIGNATURE 8 who Davidson-Randell DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)	NORR	es	f.	L	EAI	=	1	2. DATE OF DEATH MONTH	- 4×	93 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-03-2267	5. SEX 1 🔣 M 2 🗌 F	6. AGE (In yr	rs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH JULY 6,	1907	BIRTHPL Country) Mary	CE (State or Fore
OR	9a. FACILITY NAME (If not Institution, give Baltimore Co		Hosp	ital			n LOCATION LIST				TY OF DEAT	
DIRECTOR		rroll		10c, CIT	Y, TOWN		non burg					d. INSIDE CITY LIMITS?  YES 2 X N
EBA	100. STREET AND NUMBER 2024 Are	bian Driv	е			101	210			10g. CITI	ZEN OF WHA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ENDENT Cocify, Cuba	n, Maxica	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	or No-	14. RACE — Black, W Specify:	American Indian
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	CCUPATIO during mo	ON st of worldn	ng	16b. KIND OF BU	siness/ind		
BE CO	17. FATHER'S NAME (First, Middle, Last) George F.	Leaf						G	ME (First, Middle, Maiden race Crous	е		
2	19a. INFORMANT'S NAME (Type/Print) Patricia Ritt	ers							Finksburg,			
	20a. METHOD OF DISPOSITION 1 General 2 Cremation 3 General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Gen	noval from Stata		ACE AND DATE				5. 5.	1993 Bal	timor	City or Town,	Stete rvland
	21. SIGNATURE OF FLOWERAL SERVICE L	CEMSEE H			22.	NAME AN	ardt	Fune		1		211
7	ahock, or haart failure IMMEDIATE CAUSE (Final disease or condition resulting in daath)	· PI	YEU	M & M								Interval Be Onset and
ERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c		NSEQUENCE O								
MEDICAL C	PART II. Other significant condition CHAOWIC	na contributing to		not resulting	In the u	nderlying LOA	Causa (	givan in '	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	AMA COI OF	RE AUTOPSY FIN ILLABLE PRIOR 1 MPLETION OF C DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	<b>50</b> /0		OTHE	₹:			ock only one)			
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Da	INJURY	26b. TIM	_	28c. INJ WO			8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	UREO	
8	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF building, a	INJURY — A	At home, tarm,	street, fac	ory, office			28f. LOCATION (Street and City or Town, State)	and Number	or Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											d manner as at
TO BE CON	29b. SIGNATURE AND TITLE OF CERTIFIE	5	/	40			2	ense num				nth, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WI	CONTANA	E OF DEATH	(ITEM 27) (Type,	Print	64	RI	WA	102 HIS TOWN	Ne	1.2	4133
1 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	'S SIGNATUI	RE								

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICA	TE OF	DEATH	REC	3. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, List)						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	CATHERINE M		LETMAT	E			2	6	93	7:45 A H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birt	thday) IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH (bar)	8. BIRTH Count	IPLACE (State or Foreign
	212-24-524	1 M 2 KF	67	res.		noons win.		-1925	Auto.	LTO, MD.
~	9a. FACILITY NAME (If not institution, give st	reet and number)	. /	9b. C	TTY, TOWN O	R LOCATION OF D	EATH	9c. CO	UNTY OF D	HTAB
DIRECTOR	NIVERSITY OF	MARY	LAND HO	50 .6	AL7	MOR	E, MD	BA	2671	MORE
H	10a. STATE 10b. COUNTY		10	c. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY
	Ya. Y.	OKK		SE	VEN	VAL	LEYS	RD_	3	1 YES 2 HO
FUNERAL	10e. STREET AND NUMBER	2			101	ZIP CODE		10g. Cf	TIZEN OF	WHAT COUNTRY?
ÿ.	128 MAINST.	· 130X	3032			17.34	0	_	US	A.
5	11. MARITAL STATUS  1 Never Married 2 Married		TEVER IN U.S. ARMED			ENDENT OF HISPA			14. RACI	E — American Indian, k, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W				2 NO Specif		· · · · ·	Spec	IV:
	15. DECEDENT'S EDUC	CATION	16e DECED	ENT'S USUAL	OCCUPATIO		104 VIIII	05 011001500.00		VHITE
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give k	ind of work do NOT use retire	ne during mo:		100. KIND	OF BUSINESS/IN	DUSTRY	
집	12	Conege (I-4 or 5 t	Fos	TE	RI	OTHE	e Soc	CIAL	SIE	RVICES
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, I			
BE C	WILLIAML	, AM	BROSE	-		RIN	301	RID	1-6	
	19a. INFORMANT'S NAME (Type/Print)			AILING ADDR	ESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Z	ip Code)	
٩	BRENDA M.	HENG	-ST BO	x 209	9B, B	D. 2,5	EVEN	VALLE	75	P. 17360
. 1	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	umi from Ctute	206. PLACE AND	DATE OF DISF	OSITION (Na	ne of	DATE 2	Oc. LOCATION -	- City or To	own, State
\	4 Donation 5 Other (Specify)	TON State	ceptetery cremato	To CVA	DE CI	35MATO	18-2-8-9	7 OK	K, F	20.
)	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	6	- 1	22. NAME AN	D ADDRESS OF FA	EBER !	EUNE	RAL	PARLORS
,	1 la face	9	61.			CARHS			1011	Pa 17404
40.5	23. PART i. Enter the diseases, or c	omplications tha	t caused the death.	Do not en						Approximate
	shock, or heart failure, I	list only one cau	se on each line.					117		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disesse or condition	HV	PO TEN SION							
1	resulting in death)		(OR AS A CONSEQUE	ICE OF):				· ·		8 hours
z		SEPSI	<b>S</b>							3days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	ICE OF):						34.1.7
S	CAUSE (Disease or Injury		PASTATIC	BREAS	T	CARCINO 1	MA			
분	that initiated events resulting in death) LAST		(OR AS A CONSEQUEN							
照		BOW	EL OBSTR	UCTION						
- 11	PART II. Other significant conditions	contributing to	death but not resu	Iting in the	underlying	cause given in		AS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL	pleural Effusio	49						ERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
밀		ling					_   ' '	YES 2 NO		OF DEATH? 1 ☐ YES 2 🔀 NO
-	N .						_ 1			TO TES ZIM NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	neck only one)			
S	EXAMINER?	HOSPITAL:	ER/Outpetient 3 🗆 [	OTH		5 - Residence	6 Other (Speci	(v)		
ੋਂ∥	27. MANNER OF DEATH	28a. DATE OF	INJURY 28	b. TIME OF	28c. INJI	PRY AT	28d. DESCRIBE		CCURED	
BY	1 Netural 5 Pending 2 Accident investigation	(Month, D	ay, rear)	M	1 🗌 Y	ES 2 NO				
	3 Suicide 6 Could not be	28a. PLACE O	F INJURY — Al home, etc. (Specify)	farm, street, f	actory, office		261. LOCATION	Street and Number	or Rural I	Route Number,
	4 Homicide determined		era (opecity)				City or Town	State)		
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, death o	occurred at th	e time, date	and place, and due	to the cause(a) a	nd menner as st	eted.	
COMPLETED	one) 2 MEDICAL EXAMINER									i) and manner as stated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI				(Month, Day, Year)
m 1	Rane X. Porce	lten N	110					•	2-6-	-93
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM 27)	(Type, Print)		<u> </u>				10
	James K. Poul to.	M.D.	44 LOCK RIS SIGNATURE Davidson-Ra	leven	Dr	Sover	m Parl	Md.	21	146
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1111		,	***	10 10.5	- /	
- 11	FEB 1.7 1991	3 guina	wavedon-ga	ndell						

Acres 6 may be retained by the hospital or attending physicians of directs, page 5 should be detached for use as the beforeass BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical contraction. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

art permit. Pages 1, 2, 3 should

ust be notified at once.

DHMH-16 Rev 1/89

ITEMS: 23 PART I, 27, 28a, b, d, e, f, PER MEO 2/24/93 T.T 93 03971 blh FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH William Lesser 01 1993 : 59 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 277-28-7918 1 🔯 M 2 🗌 F HOURS 58 JUNE 6, NEW YORK Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4940 West Winds Drive Mt Airv Frederick 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. FREDERICK MT. AIRY 1 XX YES 2 NO 10s. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4940 WEST WINDS DR. 21771 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—H une anacify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 A. YES 2 NO 14. RACE — American Indian, Black. White, atc. If yes, specify Cuban, Mexican, P.
1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced 1952-1953 WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) lege (1-4 or 5 +) 4 COMPUTER PROGRAMMER COMPUTERS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM LESSER SR. CAROLINE SAM 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5001 GLORIA C. LESSER ALEXANDRIA, VA. SEMINARY RD. #1220, 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CHAMBERS CREMATORY 4 Donation 8 Other (Specify) 1-29-1998 RIVERDALE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 20910 W. W. CHAMBERS CO. INC, SILVER SPRING, MD. M00091 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . THERMAL INJURIES AND SMOKE INHALATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 ☐ NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 Nursing Home S Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED D EROM HOUSE FIRE Of dwelling fire 1 Netural 5 Pending Investigation 18 1993 5:25A 1 YES 2 NO 2 Accident 28s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and REDERICK COUNTY, MD 3 Suicide 6√√ Could not be 4 Homicide ounat home West Winds Drive 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion,

MD.

32 REGISTRAP'S SIGNATURE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Penn Street.

BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the on the funeral director, page 5 should be completely filled in by the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, the attending physician and con 1 Mental Hygiene prior to burial, been signed by th or, of Health and N has bee this certificate h After 1 DIRECTOR: A FUNERAL |

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occured at the time, dats and place, and due to the cause(s) and manner as stated.

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29d. DATE SIGNED (Month, Day, Year)

19 1993

29c. LICENSE NUMBER

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Baltimore.

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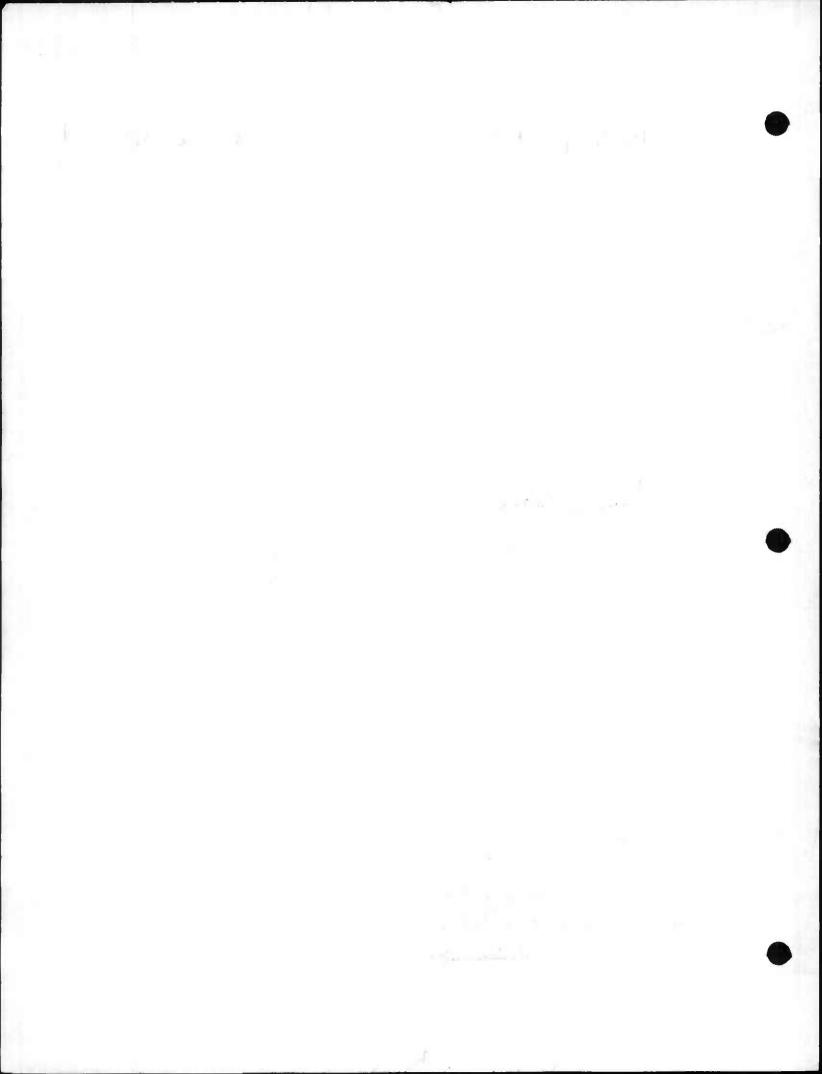
BALTIMORE, MARYLAND 212

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ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	LINE				2. DATE OF MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 578-05-3217	1 🗆 M 2 💢 F	(In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 1-10	HETH y. Year) -03	6. BIRTHPLACE (State or Foreign Country) PHILADELPHIA, PA			
TOR	9a. FACILITY NAME (If not institution, give st HEBREW HOME OF GRE		GTON		NTROSE R	00.000					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  MONTGO		100	Y, TOWN OR LOCA		OCKALI	CKVILLE.  10d. INSIDE LIMITS? X YES 2				
FUNERAL	10e. STREET AND NUMBER 6121 MONTROSE RD.	/AIDIN 2	012.	10	0852	OCKVIL	10g. CITIZ	YEN OF WHAT COUNTRY?  TO STATES			
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	24 NO	13. WAS DEC	ENDENT OF HISPAN	n, Puarto Ricar	pecify Yes or No-	14. RACE — American Indian, Black, Whita, atc.			
ED BY	3 X Widowed 4 Divorced  15. DECEDENT'S EDUC	IF YES, GIVE WAR OR D		1 TYES	2. NO Specify		OF BUOMESON	Specify. WHITE			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of a	vork done during mo	est of working		DOF BUSINESS/INDI				
1 - 1	17. FATHER'S NAME (First, Middle, Lest)						s, Maiden Surname)				
) BE	SAMUEL KARABELL  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	ANNIE	Poute Number, C	Ity or Town, State, Zip	Code)			
10	LOUIS JOSEPH		11710	FULHAM :	STREET -	SILVE	R SPRING,	MARYLAND20902			
	20a, METNOD OF DISPOSITION 1	oval from State 20b	PLACE AND DATE OF LODGE	PER PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	rme of	2/2	WASHING	TON, D.C.			
	ST. BIGHATTONE OF FUNERAL SERVICE LIC	tagan		BANZA	NSKY-GOL		MEMORIAL				
	23. PART i. Enter the diseases, or c shock, or heart failure. I		tha daath. Do n	ot antar the mo	da of dying, auci	h aa cardlac	or respiratory arre	est, Approximata			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	See See See See See See See See See See	ROIAL	INFAR	CION			Interval Between Onset and Death			
NO	Sequentially list conditions,		MEVAL CONSEQUENCE OF	Vascul	Law D	Seem	e				
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Corono	A T	ery Dis	ease						
ERTII	that initiated events resulting in death) LAST	J	CONSTRUCTION OF	j: ·							
AL CE	PART II. Other significant conditions	contributing to death be	ut not resulting i	n the underlying	cause given in	Part I. 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDIC						_ 10	PERFORMED?  YES 2 NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATN (Che	ck only one)					
HYS	1 TYES 2 NO 27. MANNER OF DEATN	1 ☐ Inpatient 2 ☐ ER/Outpo	28b. TIMI	4 Nursing Nom	• 5 🗆 Residence		elfy) E NOW INJURY OCCU	JRED			
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 🗆 Y	RK? 'ES 2 NO						
TED	3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	treet, factory, office	'	281. LOCATION City or Tox	I (Street and Number o vn. State)	r Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC	IAN: To the best of my knowle	edga, desth occurre	d at the time, data	and place, and due	to the cause(s)	and manner as states	1.			
ш	296, SIGNATURE AND THE OF CERTIFIER	1	and/or investigation	i, in my opinion, o	29c. LICENSE NUM			cause(s) and manner as stated.  SIGNED (Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type	Print)	2391	166	<b>&gt;</b> //	30/93			
	AWINS MADAI 31. DATE FILED (MORTH, Day, Year)	CANG, MO	6121 MOI	NTROSE	RD; Ro	CKVIL	LEIMD	20852			
	FEB 04 '93	32. REGISTRAR'S SIGNA									



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urs after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detache or removal.	nedical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% Jurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fined within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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FEB 02 '93

32 REGISTRAN'S SIGNATURE

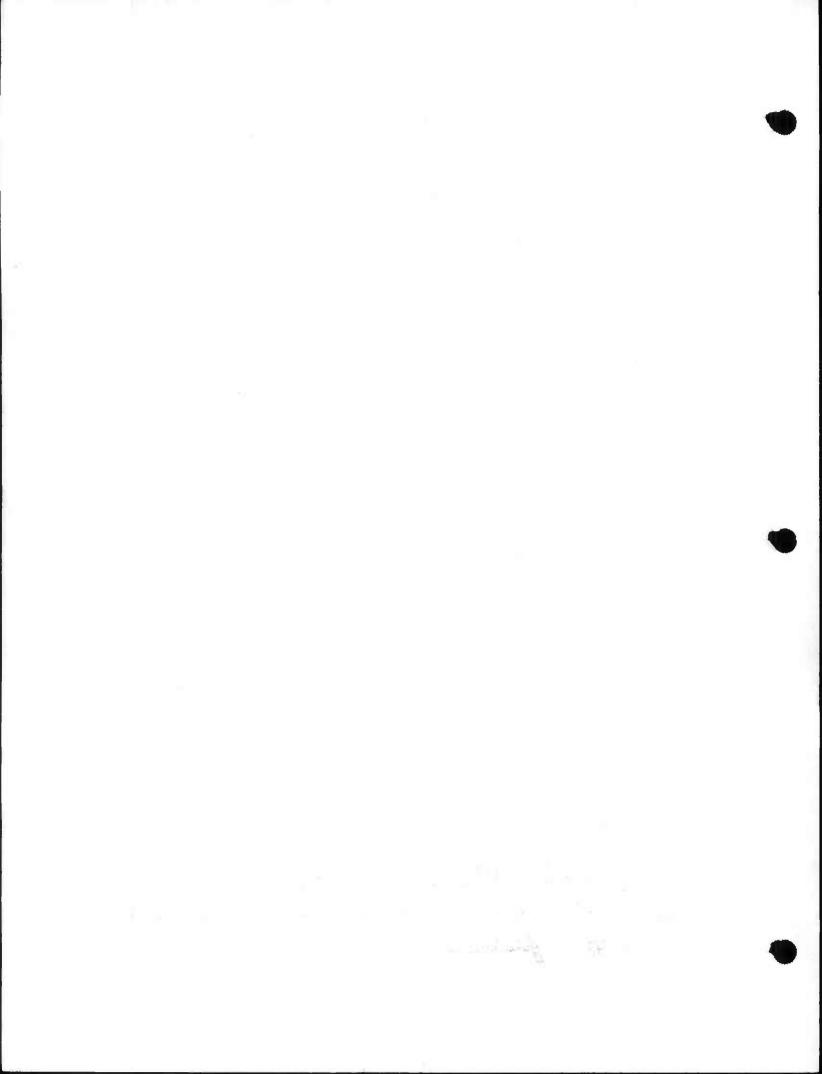
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND MI	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  JERRY 4. SOCIAL SECURITY NUMBER	JERRY C. J	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	2. DATE OF DEATH MONTH DI D 1-28-9 7. DATE OF BIRTH (Month, Day, Year)	3	3. TIME OF DEA	5PM	
æ	229-34-6680  9a. FACILITY NAME (If not institution, give at Frederick Heal	reet and number)	/2 YRS.		PR LOCATION OF DEAT	03-23-1	.920 9c. COUNTY	Virginia	<u> </u>	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY			TOWN OR LOCAT	ederick ION		T VET	10d. INSIDE CITY	Υ	
	Maryland Mo 100. STREET AND NUMBER 8204 Shady Spr			rsburg ZIP CODE 20877		1 (X yes				
BY FUNERAL	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2CM0	If yes, sp	ENDENT OF HISPANIC colfy Cuben, Mexican, 2 NO Specify:			J.S.A.  RACE — American Indi Black, White, stc.  Specify: Blac		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 7th	CATION 1 Completed) 1 Coffege (1-4 or 5+)	life. Do NOT use	rk done durina mo		Defen		ectronic	s	
	17. FATHER'S NAME (First, Middle, Lest) Sam Lincoln				A. W	(First, Middle, Melden Line Bas				
TO BE	198. INFORMANT'S NAME (Type/Print) Paul Young (Ne:	phew)			nd Number or Rural Rou	ute Number, City or Tow	n, State, Zip Co		78	
	Paul Young (Nephew)  14531 Jones Lane, Gaithersburg, MD 20  20s. METHOD OF DISPOSITION  1X Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20s. PLACE OF DISPOSITION (Name of cemetary, crematory or Round Hill, VA)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	. Drowa	leu	SNO ROC	D ADDRESS OF FACIL NDEN FUN KVILLE,	ERAL HO	50			
	23. PART I. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardio-	h line. pulmona NLMONAA	ary Ar		aa cardlac Dr reap	Iretory arrea	Interval B	Batween	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C								
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)	:						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Check	k only one)		<u> </u>		
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 inpetient 2 ER/Outpet 28s. DATE OF INJURY		4 🗌 Nursing Hon	uRY AT 2	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆	PRK? YES 2 NO						
3 Suicide 6 Could not be building, etc. (Specify)  286. PLACE OF INJUST — At nome, farm, street, factory, office building, etc. (Specify)										
COMPLET	(Oracon Gray	CIAN: To the best of my knowled R: On the basis of examination							stated.	
	296. SIGNATURE AND TITLE OF CERTIFIED.  (1) AFECT (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (ASID) (									
TO BE	30. NAME AND ADDRESS OF PERSON WH	PHY	SICCAN		D4309	/	> 1/	29/57		

FREDERICK

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BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pr Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL RECORDS, P.O. BOX 68760,	ficate be executed within	has been signed by the attending physician and completely filled in by the : Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumatic event, 1
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REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ADDTE M LANKFORD 01 93 2324 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF LINDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 1 🗌 M 2 🗡 F DAYS HOURS ANSONVILLE, N.C 142-28-3995 04-18-25 90. FACILITY NAME (If not institution, the store REGIONAL 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA KKKXXXXXXXX MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WICOMICO SALISBURY 1 YES 2 - NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? **502 COLLINS STREET** 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merri 3 Wildowed 4 Divorced 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican

1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES Specify: BY Specify: **BLACK** ED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) 4+MASTERS EQ WICO. CO. BOARD OF ED,:. RETIRED ELEM. SCHOOL TE. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) AARON SMITH JESSIE DUNLAP BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 WARREN L. LANKFORD SAME ADDRESS AS ABOVE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SPRINGHILL COMEMORY GARDEN 1 - 2HEBRON, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOLY MEMORIAL CHAPEL, RTE.2, BOX 920 Sorella Ulles SALISBURY, MD. 21801 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximata ahock, or heart fallure. List only one couse on each line Interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY Accident 3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) elkale DEPUTY M.E. D03599 01-29-93 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHN T. 108 PINE BLUFF ROAD, SALISBURY, MARYLAND, 21801 BULKELEY, M.D., FFR 0 2 1993 32. REGISTRAR'S SIGNATURE Julia Davidson-Rendelle

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within common after death. Page 6 may be retained by the hospital or produce in the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unit and the complete physician prior in burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DECEDENT'S NAME (First	-	ROTT 4 TO	CERTIF		N	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH			
CHARL			ICHARI		ORD		$\rightarrow$		8, 1	993	12:32P	
380-30-731		5. SEX 1. M 2 F	8. AGE (In yo	rs. last birthday) YRS.	MONTHS D	EAR IF UNDER 24 HR AYS HOURS MIN	01	Month, Day, Mar)	931	a. BIRT	HPLACE (State or Foreign (TV) braska	
e. FACILITY NAME (If not in	stitution, give st	treet and number)				OWN OR LOCATION OF			9c. COL	JNTY OF I	DEATH	
		HOPKINS	HOSP	ITAL	BA	LTIMORE (	YTI		В	ALTI	MORE CITY	
RESIDENCE OF DEC 00. STATE MD	10b. COUNTY	Arundel		10c. CiT	Anna	LOCATION polis					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
00. STREET AND NUMBER 3114 Catrina Lane						101. ZIP CODE 21.4	.03		14.75	WHAT COUNTRY? States		
1. MARITAL STATUS	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES :	S XX	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 X Specify:					14. RACE — American Indien, Bleck, White, etc. Specify:		
Widowed 4 Dive		1954	195								White	
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7. FATHER'S NAME (First, N	fiddle, Lest)	4 plus					NAME /	First, Middle, Meider	n Surname)			
Charles Bo	yne Lo	ord				Fran	ces	Viola J	ense	n		
Joan P. Lo						Street and Number or Ro na Lane					21403	
23. PART I, Enter the d	liseases, or	complications the		ha dasth. Do	22. NA 147	Duke of	Glo	ucester	or Fu St.	nera Anna	Home polis, MD	
23. PART I, Enter the d	ilseases, or clear fellure.  Itions, bdiete fing fury	a. Subanus the List only one ce	at caused the use on aeclary of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	onsequence of	22. NA 147 not anter th	Duke of Duke of the mode of dying,	Glor Glor such se	Tayloucester cardiac or real	St.  St.  NAUTOPS	nera Anna rrest,	Approximate Interval Betwood Onset and De 3 mon's	
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WAS A PERF  1  YES  Only one)  Other (Specify) d. DESCRIBE HOW  1. LOCATION (Street City or Town, State the cause(e) end or e, data and place,	N AUTOPS RMED? 2 100	Anna Arrest,  Y 24  OCCUREO ber or Rura steted.	Approximate Interval Betwoen Onset and De 3 mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon 3 Mon	

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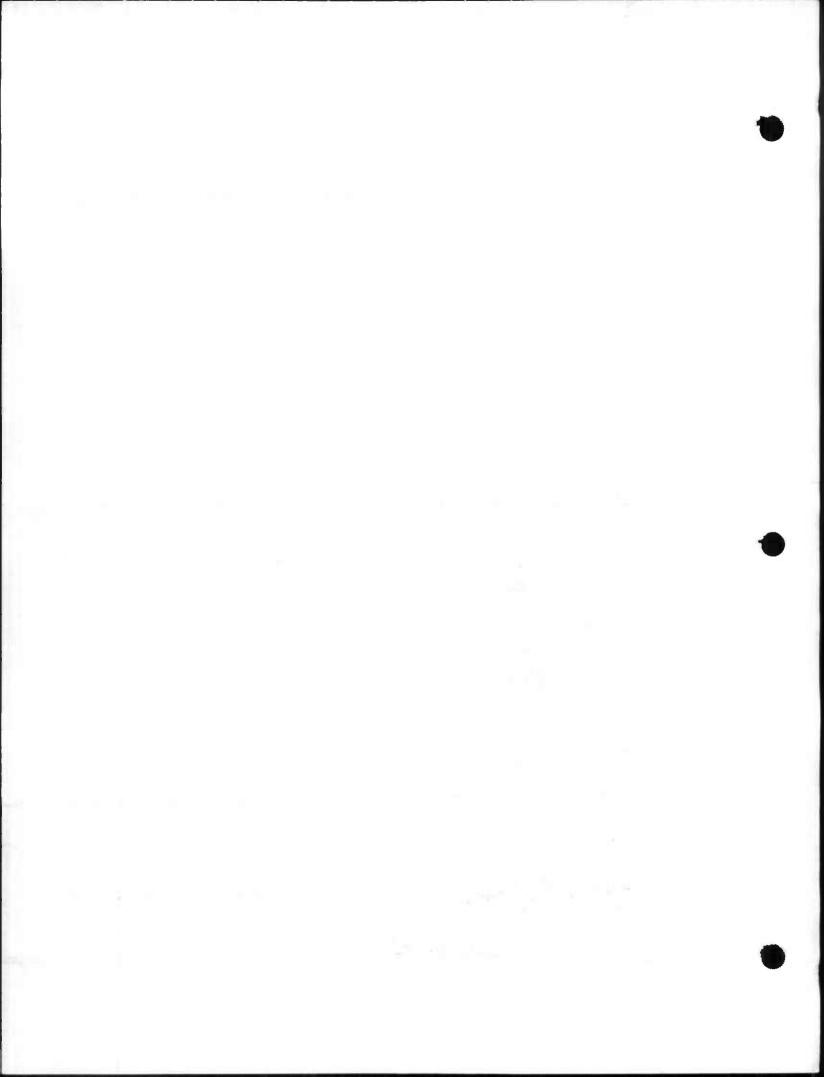
BALTIMORE, MARYLAND 21215-0020	thin 24 yours after death. Page 6 may be retained by the hospital or attending physician	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal running parameter 1, 2, 3 should by the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24% yours after death. Page 6 may be retained by the hospital or attending practical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			L TIME OF DEATH
	WILLIAM  4. SOCIAL SECURITY NUMBER		OSEPH				LOWE		MONTH 2	9		953ª	1:12 a <sub>м</sub>
	218-20-5200	5. SEX 6.	AGE (In yrs. Inc	YRS.	IF UNDE MONTHS	DAYS	IF UNDER	MIN.	7. DATE O	69 Year	923 M	Country)	LACE (State or Foreign
N.	9a. FACILITY NAME (If not institution, give str Memorial Hosp				9b. CIT		East		EATH	-	9c. COUNTY OF DEATH Talbot		
5	RESIDENCE OF DECEDENT											_	
DIRECTOR	MD. 10a. STATE 10b. COUNTY	hester				on Local							Od. INSIDE CITY LIMITS?  YES 2XXNO
FUNERAL	100. STREET AND NUMBER 4739 Bucktow	n Road				101	zip con	161	3				AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2X Married	12. WAS DECEDENT ET FORCES? 1	YES X K	MED 10	13.	If yes, sp	ENDENT Code	n, Mexica	n, Puerto R	(Specify Yer	or No 1	Black,	- American Indian, White, etc.
D BY	3 Widowed 4 Divorced							Specify					white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	mec	CEDENT'S We kind of the NOT us Chan	USUAL C work done on retired.) 1 C	during mo	on of al working cing	gu:	ide,	FOX I	oods:	STRY	
	17. FATHER'S NAME (First, Middle, Last) ISAAC Cra	ig Lowe	9				18. MOTI		ME (First, M	iddle, Maiden Wil			
TO BE	19e. INFORMANT'S NAME (Type/Print) Mrs. Rebecca Lo	owe	198	1739	ADDRES	s (Street a	nd Number	or Rural I	Route Number	mbric	n, State, Zip O	id.	21613
	20s. METHOD OF DISPOSITION  XIXBurlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A cometery, cre DOT CT	metory of or	of Dispo	sition (Na	Pa	rk :	2/11	20c. LO	cation - ci	ty or Town	n, State
	21, SIGNATURE OF FUNERAL SERVICE LICE	R Thorn,	va J.				OCU		T				l Home . 21613
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause	on each line	Ton		r the mo		ing, suci	h aa cardi				Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSECU			0							> 13 y
PHYSICIAN: MEDICAL C	Reval cell cancer 1 yes 2 XHO									VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF D	EATH (Ch	eck only one	)			
S	YES 2 NO	HOSPITAL:	VOutpatient 3	□ DOA	OTHE		e 5 🗆 Re	sidence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH  A Matural 5 Pending	28a. DATE OF INJ (Month, Day, )		28b. TIM	E OF URY M		URY AT RK?	NO.	28d. DE\$0	CRIBE HOW I	NJURY OCCU	RED	
red BY	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	me, lerm, s	street, fac				281. LOCA City o	TION (Street a r Town, State)	and Number of	r Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	IAN: To the best of my											nd menner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUN					
O BE	ACT 64	Jacn						012					fonth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	E DEATH STEE	1.0D. (T	Direct		·	-	λ				4.2

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) FEB 11'93

PLEYED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

39b. SIGNATURE

CASPER

31. DATE FILED (Month, Day, Year)

FEB 0 9 '93

BE

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AND TITLE OF CERTIFIER

CLINE

WHO COMPLETED CAUSE OF

OEATH (ITEM 27) (Typ), Print)

9th

FREDERICK, MD 21701

300 W.

whia Davidson Randell

32. REGISTRAR'S SIGNATURE

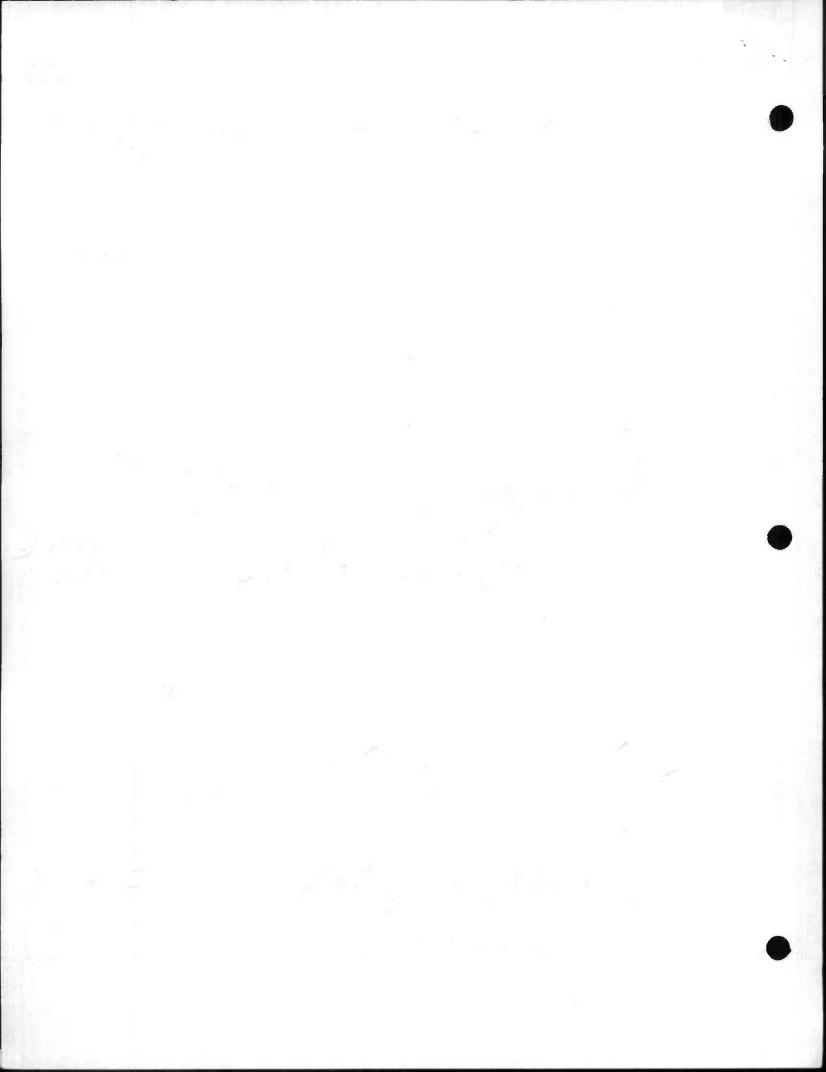
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	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Indiana prior to burial, cremation, or removal.	
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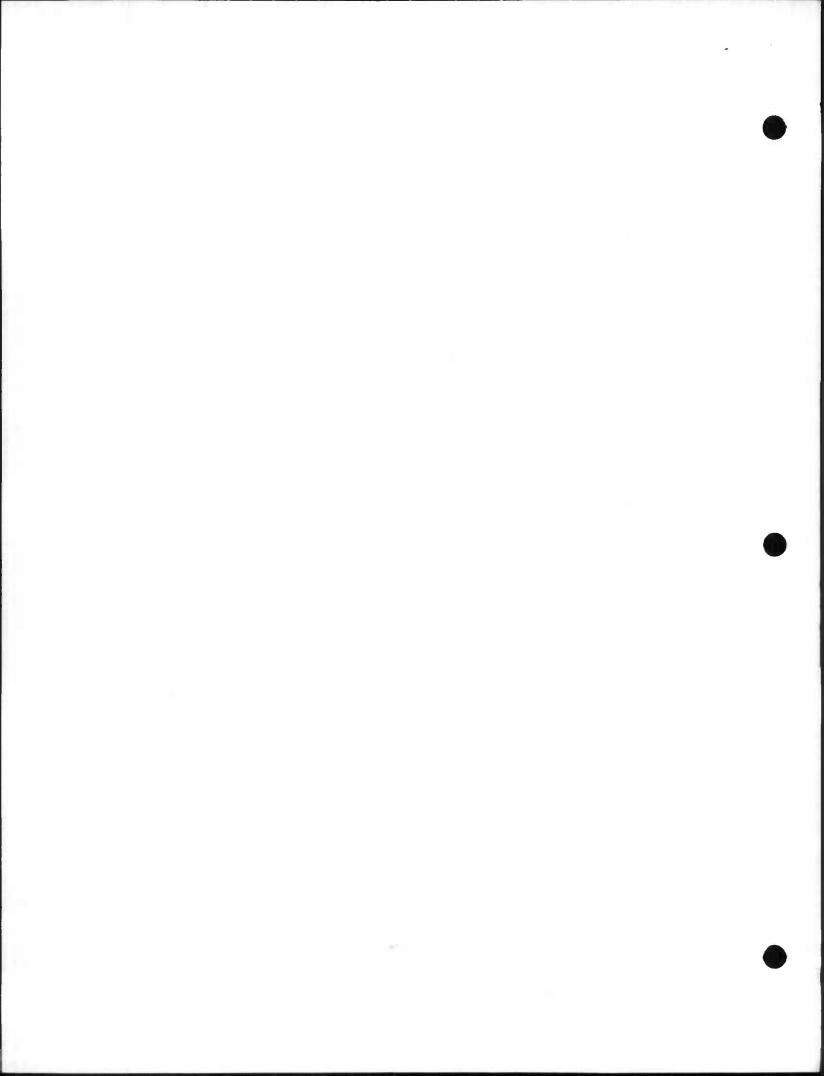
03977 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First\_Middle, Las 2. DATE OF DEATH 21995 8:00HDP Feb. 06 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 DYALE 85 216-03-5480 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH FREDERICK FREDERICK DIRECTOR NORTHAMPTON MAN MANOR N. HOME FREDERICK KEYMAR OR LOCATION 10d. HINTS? MD 1 - YES 2 - NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21757 10g. CITIZEN OF VOAT AQUINTRY? 11501 WOODSBORO PIKE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married NO MY BY 1 YES 2 NO 3 Widowed Mar Difored COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) LIME CO. CORP.OFFICER 1.1 notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BERTHA SMITH WALTER CLAY LEGORE BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 21727 **EMMITSBURG** P.O. BOX 248 BOYLE must be 20e. METHOD OF DISPOSITION RURIAL

1 Buriel 2 Cremetion 3 Removal from 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State WOODSBORO, MD MT. HOPE CEMETERY 2/9 4 Donation 5 Other (Specify) . D. HARTZLER & SONS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY atharine WOODSBORO, MD medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximete Interval Betw IMMEDIATE CAUSE (Final 2 disesse or condition resulting in death) event, CONSEQUENCE OF): 9 traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, EQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO item 23 shows any COMPLETION OF CAUSE 1 TES 2 De 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Malatural INJURY 1 YES 2 NO COMPLETED BY 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide TANT: IT ITEM 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of ex estigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) e



BALTIMORE, MARYLAND 21215-0020	14 nours after death, Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, on, or removal.	ie medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 1	REGISTRAR		CERTIF	ICATE	F DEATH		REG. NO.		
- 0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME OF DEATH
15	RITA KATHLEE	N LEE				JANU.	ARY 29	,1993 EAR	8:25 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEA	F UNDER 24 HRS.	7. DATE OF	BIRTH		
	218248642	1 🗆 M 2 🗸 F	60 YRS.	MONTHS DAY	HOURS MIN.	Month,	25 19	22 Cour	THPLACE (State or Foreign ntry)
- 8	Se. FACILITY NAME (If not institution, give	44	00	AL OUT!! TOU!					
or				96. CITY, TOW	N OR LOCATION OF DI	EATH		9c. COUNTY OF	
DIRECTOR	SACRED HEART	HOSPITAL		CUME	BERLAND			ALLEC	GANY
ទួ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	· ·	40.00						
<u>E</u>				Y, TOWN OR LO					10d. INSIDE CITY LIMITS?
0	Md Alle	gany	C	<u>umberla</u>	ind_				1 TES 2 NO
₹	10s. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
#	14101 Winchest	or Pood			21502			110	
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS (	ECENDENT OF HISPAI	NIC OBIGIN?	(Specify Vee o	US No. 14 PA	CE — American Indian,
T.	1 Never Married 2 Married	FORCES? 1 []	YES 2 V NO	If yes,	specify Cuban, Mexica	en, Puerto Ric		Ble	ick, White, etc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	101	ES 2 NO Specif	y:		Spe	White
	15. DECEDENT'S EQU	ICATION	16a. DECEDENT'S	HEHAL OCCUP	T1011	400.0			
	(Specify only highest grade	e completed)	(Give kind of	work done during se retired.)	most of working	100. 1	INO OF BUSIN	IESS/INDUSTRY	
2	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)					II		
M			Home	maker		_	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ldle, Maiden Su	mame)	
BE	Asa Balyord				Lola	Maust			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number	City or Town,	State, Zip Code)	
٩	John M. Lee	1			chester R				Md. 21502
1 1	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			OATE		TION — City or	
	1 D Buriel 2 Cremation 3 Rem	ioval from State	cemetery, cremetory or o	ther place)		1			
	4 🗗 Donation 5 🗆 Other (Specify)		King F	amily (	em 2	-1 - 93	Loch	Lynn,	Oakland, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AND ADDRESS OF FA		1 C		
	> 7/1/12/2	0	1/ax		1-Warnick				
	22 PADT I Enter the diseases of			111	Church S	t. W	estern	port, I	
- 1	23. PART i. Enter the diseases, or shock, or heart failure.	List only one cause	on each line.	not enter the	node of dying, suc	h as cardis	c or respira	tory srrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	A NAME OF STREET	OL-2010 DE 17						Onset and Death
- 1	disease or condition resulting in death)	Cent	101-110						10 days
	resulting in destin	DUE TO (OR	AS A CONSEQUENCE O	f):					1.000
-	_	Pm	Lough to	-					15dans
ō	Sequentially list conditions,	D. OUE TO ION	AS A COMSEQUENCE O	Fi:					Y
	if any, leading to immediate cause. Enter UNDERLYING								i * I
S 1									
2	CAUSE (Disease or injury	c. DUE TO (OR	AS A CONSEQUENCE O	EV.					
TIFICA	CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE O	F):					
ERTIFICA	CAUSE (Disease or injury	c. DUE TO (OR	AS A CONSEQUENCE O	F):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d				1			
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	CAUSE (Disease or injury that initiated events resulting in death) LAST	d			ing cause given in	1	PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	dns contributing to des			ing cause given in	1		ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First		CUPII							2. DATE OF DEATH		993ª	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER										1		9:50 P M
	218 34 46		5. SEX	6. AGE (In yrs. 56		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Pay, Year) 12-11-1	200	8. BIRTH Country	PLACE (State or Foreign y)
					YRS.						_	MD	
œ	9a, FACILITY NAME (If not if	_	,					OR LOCATIO			1	UNTY OF DE	
DIRECTOR	SACRED HE		PSPLIAL			CUI	MBER	LAND,	MAR	YLAND	AL	ALLEGANY	
<u>n</u>	10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION		_	-		10d. INSIDE CITY
ă	MD	All	.eqany		I	aVa1	e.						LIMITS?
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5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.						C ORIGIN? (Specify	es or No-	14. RACE	- American Indian, , White, etc.
BY	1 Never Married 2 3 Widowed XX Divo		IF YES, GIVE V	AA OR DATES				3 2 X NO	Specify:	, Puerto Rican, etc.)		Specif	N:
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8	17. FATHER'S NAME (First, M	liddle. Lest)			cran	шкит		I so morre	IED'S NAM	E (First, Middle, Maid		ISPOL	acton
			itchell							ian T. B		11	
B	19a. INFORMANT'S NAME (		TTCHELL		196. MAJLING	ADDRES	S (Street e			oute Number, City or 1			
임	Mr_Dwayn	na 0 N	Mitchell							k, MD 21			
	20a. METHOD OF DISPOSIT 1 ☑ Burlal 2 ☐ Cremetic	ION			E AND DATE	OF DISPO	SITION (N				OCATION -	- City or To	wn, State
	4 Donation 5 🗆 Other	(Specify)			cremetory or o			Park		2-1	Cumbe	erlan	d, MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1.	92.7	22.		ND ADDRES					
	Scarpelli Funeral Home Cumberland, MD 21502  23. PART I. Enter the diseases, or complications that caused the Jesth, Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	23. PART i. Enter the d	iseasea, pro eart failure.	omplications tha	t caused the	eath. Do r	not enter	r the mo	ode of dyi	ng, such	as cardiac or res	piratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Fir disease or condition			//		2/	/	,		1101 10			Onset and Death
ı	resulting in death)	<b>→</b>	- ENO	5+46	2/1/	C TAS	174	rc '	DAI	1B/add.	22		
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CERTIFICATION	CAUSE (Disease or injuthat initieted events		DUE TO	(OR AS A CONS	EQUENCE O	F):							
#	resulting in death) LAS	" U	d										
- 11	PART ii. Other significa	int condition	a contributing to	death but no	t resulting	in the u	nderivin	g ceuse g	iven in F	Part i. 24e. WAS	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
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COMPLET	2 MED	ICAL EXAMINE	R: On the basis of e	ramination and/o	r Investigatio	n, in my	opinion, d	death occur	ed at the 1	ime, dete and place,	end due to t	the cause(e)	and manner ee stated.
w II	29b. SIGNATURE AND SITU	or cumples		1 10				29c. LICE	NSE NUME	BER	29d. DA	TE SIGNED	(Month, Day, Year)
0	110	de	JON	ma	)				) 20	2101		1-3	1-93
-	30. NAME AND ADDRESS OF	1				- 1-0							
						ALSH	ROA	D, C	UMBEI	RLAND, MI	2150	)2	
	31. DATE FILED (Month, Day,	0 1 19	3	R'S SIGNATURE									
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1	STATE
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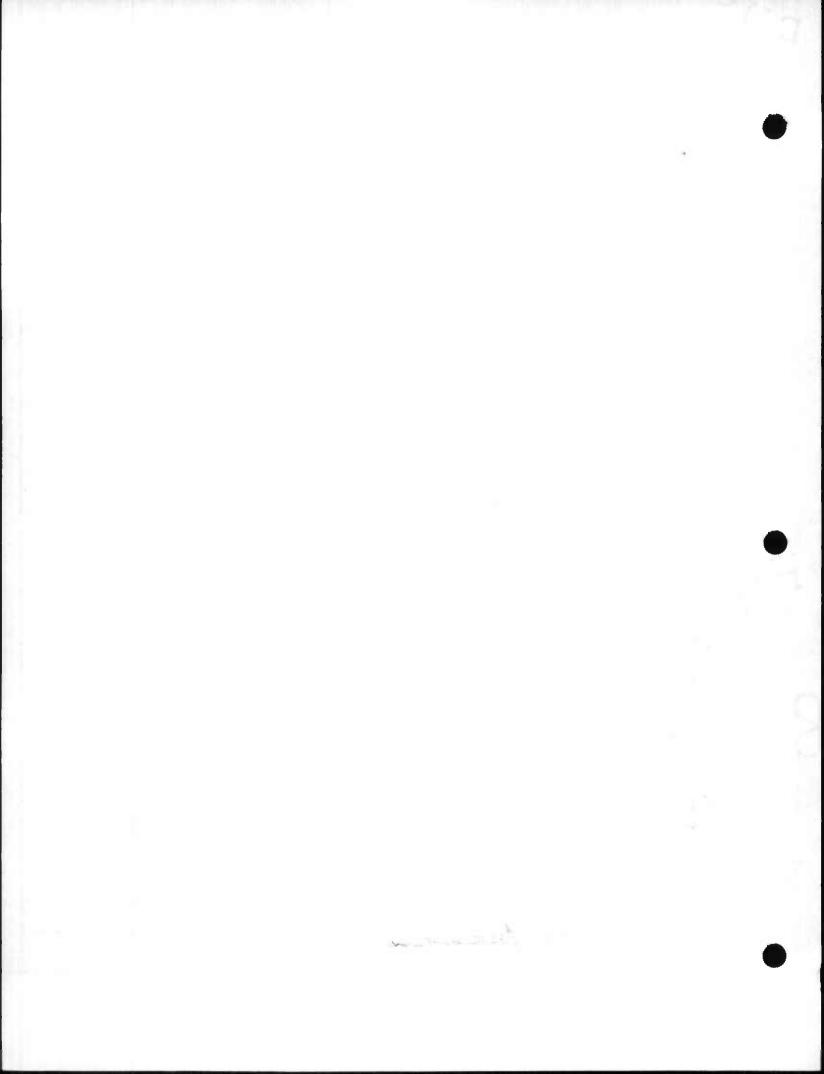
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	0	., .,	CERT			FDEATH	INICIA	REG. NO.			
- 7	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
	RAY Les	ster		MC	ONGO	OLD			ANUARY	28,	YEAR	93 1·12A
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	In yrs. last birth	day) IF	UNDER 1 YEAR		7.0	ATE OF BIRTH		O. BIRTH	IPLACE (State or Foreign
	214-05-9005	1\(\)\(\)\(\)\(\)\(\)\(\) \(\)   F		78 YF	RS.	NTHS DAYS		_	Month, Day, Year) -6-191	4	Wes	t Virgini
e l	9a. FACILITY NAME (If not Institution, give st Memorial Hospit		edic	al Ce			or location of the Cumberl		đ		NTY OF D	rany
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY					OWN OR LOC						
DIMECTOR		neral				y For						10d. INSIDE CITY LIMITS? 1 YES 2 NO
4	10e. STREET AND NUMBER					1	Of. ZIP CODE	_		10g. CITI	IZEN OF V	VHAT COUNTRY?
E	P.O. Box 178						26767				USZ	A
BT FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X2 X10		If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	en, Pu		or No—	14. RACE	— American Indian, t, White, etc.
3	15. DECEDENT'S EDUC			16a. DECEDE	NT'S USL	IAL OCCUPAT	TION	T	16b. KIND OF BUS	UNESS/INC	DUSTRY	
COMPLEIED	(Specify only highest grade  Elementary/Secondary (0-12)  1 2	College (1-4 or 5 +	)	(Give kind	d of work OT use re	done during r tired.)	nost of working					
2				5. 50	cnwa	ab Co	mpany		Mainte		ce	
3	17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Meiden			
	Jacob Mongold								dcliffe			
5	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural					
	Lillie Maguire			P.(	). I	30x 1	32 Wile	y.	Ford, V	VV 2	6767	7
	20s. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Remo 4  Donation 5 Other (Specify)	wal from State	20b. ceme S1	PLACE AND DA	or other	place)	Name of ark	1-50	DATE 20c. LO	CATION -	City or To	wn, State ,Maryland
-1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	100	anocc	110	22. NAME	AND ADDRESS OF F	ACILITY	r			
	> Emeta	Rile	.h			Leas	sure-Ste	ein	,Inc,		Bal <sup>·</sup>	timore Av
	23. PART i. Enter the diseases, or c	omplications that	caused	the death.	Do not						reat.	Approximata
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	se on es	och ilne.						,	,	Onset and Death
	resulting in death)	DUE TO	OR AS A	CONSEQUENC								
CENTIFICATION	Sequentially list conditions,	DUE TO	OR AS A	CONSEQUENC								
	if any, leading to immediate cause. Enter UNDERLYING	002 10 (	OH AS A	VAT	E OF):							
	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A	CONSEQUENC	OF OFI							-
	resulting in death) LAST	d		DID	,.							į
	PART II. Other aignificant conditions	n contributing to	death bu	ut not result	ing in ti	he underlyl	ng cause given in	n Part			24b.	WERE AUTOPSY FINDINGS
וניוניייי									1 TYES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA					PLACE OF DEATH (C	heck on	nly one)			
	1 TES 27 NO	HOSPITAL: 1   Impatient 2 □	ER/Outpo	atlent 3 🗆 DC		THER:  Nursing Ho	me 5 🗆 Residence	8 🗆	Other (Specify)			
	27. MANNER OF DEATH	28a, DATE OF (Month, De		28b.	TIME OF		JURY AT	28d.	DESCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		INCOM		YES 2 NO	1				
- 11	3 Suicide 6 Could not be determined	28e. PLACE Of building, o	INJURY etc. (Speci	— At home, fa	rm, stree	t, fectory, off	ice	281.	LOCATION (Street a City or Town, State)	and Number	or Rural R	loute Number,
	29a. CERTIFIER	241										
	(Check only one) 2 MEDICAL EXAMINE											) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER			-			_					
3	1: holt	15					29c. LICENSE NU	MOCK				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON AND	COMPLETED CAME	E 0E 05 -	TH ATEN AT	(Tona A.:		D 367	66		J	an	28, 1993
					11.	•						
	Dr. V. Poonai	955'~F	rede	erick	St	Cı	umberla	nd.	MD	21	502	
1	31. DATE FILED AND DE MAN 1993	32. SEGSPRA	SIGN	ATURE	AL							
,		0		- And								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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ul.	HTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
to burial, cremation, or removal.	medical
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prior to burial	traumatic
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ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	shows a
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	REGISTRAR		CE	HILL	ICALL	= UF	DEA	ın		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH		1000	3. TIME OF DEATH
	DOROTHY JEAN	MITRRAY							JANU	D VCI KI		YEAR	10.00 4
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les	t hirthday)	IF UNDER	+ VEAR	IF UNDER	24 MPC	7. DATE O		26, 1		10:00 p M
		1 🗆 M 2 💢 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Countr	y)
	233-42-8936		00	THS.					JUNE	16,	1926	WES.	r VIRGINIA
3	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	, TOWN	OR LOCATI	ION OF DE	EATH		9c. COU	NTY OF D	EATH
SH	ROUTE 1, BOX 1081	1 CASH V	ATTEV DO	CLK	TAU	ALE					AT 1	LEGA	TV
Ĕ	RESIDENCE OF DECEDENT	I CASH V	ALLET K	JAU_	LAV	ALL		_			ALI	JEGAI	VI
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
늄	MD ALI	LEGANY		T.Z	VALE	2						- 1	LIMITS?
	10e. STREET AND NUMBER	JEOZIEVI		1111	TATION		f, ZIP COD	-					
FUNERAL						10					10g. CIT	IZEN OF V	VHAT COUNTRY?
ij	ROUTE 1, BOX 1081	1 CASH V	ALLEY RO	AD			21	502				US	SA
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGIN?	(Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Married	IF YES, GIVE W		O			ecify Cubi		n, Puerto Ri	can, etc.)			t, White, etc.
BY	3 Widowed 4 Divorced	00 ann 1000 ac a					- 32	Opeony				apeci	"Y" WHITE
U	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. I	CIND OF BUS	SINESS/INI		
E	(Specify only highest grade Elementary/Secondary (0-12)		(G/	ve kind of a	work done (	during mo	ost of workli	ng				3001111	
7	12	College (1-4 or 5 +	.)		lerk					Reta	11		
Ξ			Sal	es C	TCTV	-				Merc	X T T		
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)						18. MOT	NER'S NA	ME (First, Mi	ddle, Meiden	Sumame)		
BE	MARSHALL GAY G	USEMAN					EU	RUTH	I ANN	A KEI	LEY		
	19s. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	Street s	and Number	r or Rural F	Route Numbe	r, City or Tow	n, State, Zij	Code)	
5	MRS. BARBARA JEWE	IL							ALE, N		1502		
	20e. METHOD OF DISPOSITION		20b.PLACE A	_									
	1 T Burial 2 Cremation 3 Ram	ioval from State	cemetery, cres	natory or o	ther place)				DATE		CATION -		
	4 Donation 5 Other (Specify)	0	SUNSE	T ME	_		_		1/29	CUMI	BERLA	MD,	MD
	21- CONATURE OF FUNERAL SERVICE LIN	CENSEE	-				ND ADDRE						
	1) Joursens	> Hel	2							HE HII			
	0	7	_		1	302	NAT	L HV	VY., I	LAVAL	E, MI	215	502
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that List only one cau	ceused the de	ith. Do r	not enter	the mo	de of dy	ing, suci	h aa cerdie	ec or reapi	retory an	reat,	Approximate
	IMMEDIATE CAUSE (Finel		7	et er er e			28	5		,			Onset and Death
	disease or condition	( CC)	ulo h	240	200	rd	Ca	/	- Ju	ari	Y		minutes
	resulting in death)	DUE TO	OR AS A CONSEQ	WENCE OF	rs-			-					77
_		10 9	2 M	111	19	na	202	elo	ins	-			yen-
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEC										1
ATI	If any, leading to immediate cause. Enter UNDERLYING	DOL 10	(On AS A CONSEQ	7									
S	CAUSE (Disease or Injury	C		,									
분	thet initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):								
EH	Totaliting in death) Exst	d											
	PART II. Other algnificant condition	na annialbuda a ta	de ab be a con	- 101								-	
EDICAL	PART II. Other alignmeant condition	in contributing to								24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20	Mygenal	esten	, Cons	297	me,	He	ans	rai	line	1   YES 2	DENO		COMPLETION OF CAUSE
	0		0									ŀ	OF DEATH?  1 YES 2 NO
2									-				I LI TES 2 LI NO
A	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: M	EXAMINER?	HOSPITAL:		1	OTHER		LACE OF D	EATN (Che	eck only one)				
XS	1 TYES 2 NO	1 - Inpatient 2 -	ER/Outpatient 3	□ DOA			10 5 R	sidence	6 Other	(Specify)			
H	27. MANNER OF OEATH	28a. DATE OF (Month, De		28b. TIM	E OF URY	28c. INJ	URY AT		28d. OE\$C	RIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending	1000	,,,		M		YES 2	] NO					
B	2 Cudate	28e. PLACE O	F INJURY — At hor	ne, larm, r	treet, facto	ory, offic			28f LOCAT	ION (Street a	and Number	or Rural B	loute Number,
	4 Nomicide 8 Could not be	building,	etc. (Specify)			.,			City or	Town, State)	110 110111001	O FILE OF F	oute womber,
ᆲ	29a. CERTIFIER (Check only 1) CERTIFYING PHYSI	CIAN: To the best of	my knowledge, des	th occurr	ed at the ti	lme, deta	and place	, and due	to the cause	e(s) and men	ner se stat	ted.	
COMPLETED	one) 2 MEDICAL EXAMINE												) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE												
8	1 / / / / / /		-Do				29c. LICE	ENSE NUM	IBER				(Month, Day, Year)
2		zzou					100	11	27		P /.	- 28	-93
-	30. NAME AND AODRESS OF PERSON WN	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print	nr	) Z	10	7/7				
	9/2 3070	1 100	umpa	nes	ne	111	1 2	. 1 3	, _				
	31. DATE FILED (Month, Pay, Year) 2 9 1	12. REGISTRA	'S SIGNATURE			-							
	JAN 291	1993 9	Al Binin	-A	4-48								

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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumetic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	alie 1	NEAN!	S		2. DATE OF DEATH MONTH B		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 5.		(In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 01-18-2	Co	PITHPLACE (State or Foreign unity) nnsylvania
NG.	SACRED HEART HOSPI			9b. CITY, TOWN C	ERLAND,	EATH	9c. COUNTY OF	F DEATH
حا	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY							
DIRE		gany	1.00	y, town or Locat umberla	nd			10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERA	R.D. #3, Box 30			101	21502		U.S.	A .
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 V NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	8	ACE — American Indian, lack, White, etc.
ŒD	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPATION	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED		College (1-4 or 5 +)	Co-foun	se retired.)		Reta Stor	il Fur e	niture
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
BE	Harry Carl Sleig  190. INFORMANT'S NAME (Type/Print)	hter				Lorraine		
욘	John Charles Mea	ns				Round Number, City or Tow Cumberlar		21502
	20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	200	PLACE AND DATE	OF DISPOSITION (Na	me of	OATE 200. LO	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	inset M	22. NAME AN	D ADDRESS OF FA	CILITY		
	Mend Aly	Thurst		Georg 202 G	e-Upch reene	urch Fune St, Combe	ral Ho	me, P.A. MD 21502
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plicationa that cause t only ona cause on e	d the death. Do neach line.	not anter tha mo	da of dylng, suc	ch as cardiac or resp	iratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	METAS.	TATIC	64	STRI	C CAR	CINOM	A 16 montes
		DUE TO (OR AS /	CONSEQUENCE OF	P: WITH	JAC	ENVOLV	AND	-
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	77 I P	AUC	LNUCLY	C//(C/O	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
	PART II. Other significant conditions of	ontributing to death h	ust not moulting i	le ébe condicional		I		
MEDICAL		ontrooting to death b		in the underlying	ceuse given in	Part I. 24a. WAS AN PERFO	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only one)		
SIC	EXAMINER?	QSPITAL: XInpatient 2 - ER/Outs	patient 3 DOA	OTHER:		8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO			
8	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, scify)	street, fectory, office		281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	N: To the best of my know on the basis of examination						e(a) and manner as stated.
w	290. SIGNATURE AND TITLE OF CERTIFIED	- 0			29c. LICENSE NUI			EO (Mgnth, Day, Year)
TO B	(ledun Al	usko	No)		Dilla	36	D 1/2	7/93
Ē	DR. ANDREW STASKO,	M.D., 924	SETON DR		BERLAND,	, MD 21502		
	31. DATE FILIO MANY 28 10 1993	37 REGISTRAR'S SIGN	ATURE				1	

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(	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TIMENT OF H	EALTH AND DEATH		HYGIENE REG. NO.	93.	03983		
	1. DECEDENT'S NAME (First, Middle, Last)  Carol	Ann		MORGAN		2. DATE OF MONTH Febr	uary 6	5,1993	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-58-4468  90. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 F 4	(In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF Mogth, L JULY			aryland		
TOR	1240 Glenwood Ave				gerstow			WASHII			
DIRECTOR		ington		y, town on Locat gerstown				-	10d. INSIDE CITY LIMITS? 1 \( \overline{\text{LIMITS}} \) YES 2 \( \overline{\text{NO}} \) NO		
FUNERAL	1240 Glenwood Ave				21742			U:	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	endent of Hispa ecity Cuben, Mexic 2 NO Speci	an, Puerto Ric	Specify Yes or an, etc.)	1	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a		ON st of working	1.500.0	IND OF BUSIN				
MO	17. FATHER'S NAME (First, Middle, Last)		Engr	aver	18. MOTHER'S N.		astic		ation		
BE C	Ernest	Benjamin	Moor	e	Emoje		Nor		Shingleton		
TO B	19a. INFORMANT'S NAME (Type/Print) William G. Morgan			ADDRESS (Street s	nd Number or Rural	Route Number,	City or Town,	State, Zip Code	p)		
	20s. METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remo	wal from State 201	D PLACE AND DATE	DEDISPOSITION (No	me of	DATE	200 1.000	TION CIN.	or Town, State 1, MD 21742		
	21. SIGNATURE OF BUNERAL SERVICE LIG	n. Wh			NE FUNEF	RAL HOI	ME				
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition	let only one ceuse on a	d the death. Do reach line.	not enter the mo	de of dying, aud	ch aa cardlad	c or reapirat	tory arrest,	Approximate Interval Between Onset and Death		
	resulting in desth)	DUE TO (OR AS A	A CONSEQUENCE OF	of hea	t wit	e fra	m,		1year.		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF	T:	( miles	aus					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	<b>י</b> ):							
	PART II. Other algnificent conditions	contributing to deeth t	out not resulting i	n the Underlying	cause given in	Part I. 24	Ia. WAS AN AU	TOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	none.						PERFORME	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ÿ											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)						
HYS	27. MANNER OF DEATH	1 Inputient 2 ER/Outp	patient 3 DOA 28b. TIM	4 Nursing Home			(pecify)	IBY OCCUBE			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	RK7 ES 2 NO		DE 11011 1100	JAT OCCORE			
	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, a cify)	treet, tectory, office				CATION (Street and Number or Rural Route Number, y or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	EIAN: To the best of my know I: On the basis of sxamination	riedgs, death occurre	d at the time, data n, in my opinion, de	and place, and due	to the cause(	s) and manner d placs, and d	r se stated. lus to the cau	se(s) and manner sa stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER RELIGION E. S.		· D,		29c. LICENSE NUI	MBER 175			NED (Month, Day, Year) 8-93		
	30. NAME AND ADDRESS OF PERSON WHO Richard E.Smith,				e Hagers	town.M					
	FEB 08 1993	32. REGISTRAR'S SIGN	ATURE			,					

a management of the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-002

nit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be described by use as the before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	TE OF MARYLAND /	DEPART ERTIFIC	MENT OF H	EALTH A	ND MENT	AL HYGIEN	E	0000.
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATN		3. TIME OF DEATN
	Kathlee	en Marie	Mull	aney		Ja	n. 30,	1993	4:00 PM
ŝ	4. SOCIAL SECURITY NUMBER 5. SEX 218-34-4974	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. DAT	TE OF BIRTH	A. BII	THPLACE (State or Foreign intry)  Caryland
	9e. FACILITY NAME (If not institution, give street end	number)		9b. CITY, TOWN O	R LOCATION		727133	9c. COUNTY O	
DIRECTOR	5140 North Drive				ridge				hester
l m	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d, INSIDE CITY
L DIF	Maryland Dorche	ester	C	ambrid	ge ZIP CODE				1 TYES XX NO
FUNERAL	5140 North Drive				21613	3			F WHAT COUNTRY?
ВУ	1 Never Married 3/17 Married FO	S DECEDENT EVER IN U.S. AR RCES? 1 TYES 2XXX YES, GIVE WAR OR DATES	IMED 90	13. WAS DECI	cify Cuben, N	IISPANIC ORIG faxicen, Puert Specify:	GIN? (Specify Yes to Rican, etc.)	BI	ACE — American Indian, ack, White, atc. octly: White
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete	18e. DE	CEDENT'S U	SUAL OCCUPATIO	N	1	6b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED		pe (1-4 or 5+)	. Do NOT use	nce Co		ec.			
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (First	t, Middle, Malden S		
BE	J. Joseph Carn						Graebe		
5	Martin J. Mullane	ey 5	140 I	North	nd Number or I Drive	Rural Route Nu	oridge	, State, Zip Code) Md .	21613
	20a METNOD OF DISPOSITION 1.3 Burlet 2 Cremetion 3 Removal from 4 Denation 5 Other (Specify)	n State 20b. PLACE/	AND DATE OF	DISPOSITION (Nar	ne of	0/	TE 20c. LOC	ATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	bts.	Pete	22. NAME AN	aul C	em Z	/2 Cui	mberla	nd, Md.
	· (0 1)			Thoma			Home		0.0
	The way	~		700 L	ocust	st.	Cambr	idae.	Md. 21613
	23. PART I Enter the diseases, or complice shock, or heart failure. List onli IMMEDIATE CAUSE (Final disease or condition	y one cause on each line		t enter the mod	le of dying,	auch ea ca	irdiec or respir	atory arrest,	Approximete interval Between Onset and Death
1	resulting in death)	DUE TO (OR AS A CONSECUTED STORY)	DUENCE OF):	off	br	045	+ h	rith	1 year
NOL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):	10	110	10-			
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	NIENCE OF						
ERTI	that initiated events reaulting in death) LAST	DOE TO (OH AS A CONSEC	OUENCE OF):						
	PART II. Other algnificent conditione contri	buting to death but not r	aculting in	the underlying	anuna alua	- In Death	1		
ICAL		To double but not in	cooning in	the underlying	cause give	n in Part I.	24a. WAS AN A PERFORM	EO?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							1 TYES 2	XNO	OF DEATH?
ž									T LI TES 2 LINO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH	H (Check only o	one)		
YSI	1 YES 2 NO 1 Inp	PITAL: patient 2 - ER/Outpatient 3		OTHER:  Nursing Home	5, De Reside	nce 8 🗆 Oth	ner (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	e. DATE OF INJURY (Month, Day, Year)	28b. TIME (			28d. DI	EŞCRIBE HOW IN	JURY OCCURED	
à	2 Accident Investigation				ES 2 NO	·			
司	3 Suicide 8 Could not be determined	e. PLACE OF INJURY — AI hor building, etc. (Specify)	ne, ferm, atre	eet, factory, office		281. LO	CATION (Street en y or Town, Stete)	d Number or Rura	l Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To	the beat of my knowledge, dea	ith occurred	at the Ilme, date e	nd place, end	due to the ca	euse(a) end menn	er en stated.	
Ö	2 MEDICAL EXAMINER: On the	basis of examination end/or is	nvestigation,	in my opinion, de	ath occured a	t the time, det	te and place, end	due to the ceuse	(s) end menner es stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	Surale			29c. LICENSE	NUMBER	6	29d. DATE SIGNE	D (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COMPL	ETEO CAUSE OF DEATH (ITEM	27) (Type, Pr	rint)	MA	188	0 0	Tel	1.1973
	LLWIS IVI. I	SUR DE	776	E CI	4/1	BRI	DGE	MI	26613
	31. DATE FILED (FOR BODY, 168) 193	REGISTRAT'S SIGNATURE	-Pande	202					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Page		
	FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to use as the burial-transit permit.		
HUSPITAL UR ALLENDING PHYSICIAN: THE LAW REQUIRES THAT THE DESTIT CELTIFICATE DE EXCLUED WITHIN 24 HOURS ARE DESTIT DESTINA EN PRÉSIDANCE DE MAN PRINCIPAL DE LA FALLENDING DE TOTALINE DE L'ENDER DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'ARGESTIAN DE L'A	burial-trar		
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IAN: The	tificate h	e State	or Item
PHYSIC	this cer	h with th	arked, (
ENDING	OR: After	ter deatl	B Is ma
OK AL	DIRECT	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	ITANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPI IA	UNERAL	rithin 72	ANT: IL
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR A BERNARD ALBERT MARKULEC FEB 2 1:03 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs, lest birthday 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F OCT 24 1917 155-10-8166 NEW JERSEY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND WORCESTER POCOMOKE CITY 1 TES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P O BOX UNITED STATES 21851 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 VYES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Marri 1 TYES 2 XNO Specify BY 3 Widowed 4 Divorced 1971 1941 -WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g dary (0-12) College (1-4 or 5+) 10 U S NAVY **DEFENSE** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JOHN MARKULEC MARY WOJCIK H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARKULEC BOX 284, POCOMOKE CITY MD 21851 P O 9 20a. METHOD OF DISPOSITION

X∑Purial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Veterans Cemetery2/5 Hurlock Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge Md. 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CARDIOVASCULAR COLLAPSE MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO 23 shows 1 TES 2X NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) OTHER 1 TES 2 NO 1 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 🗆 Nurs 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1X Natural 5 Pending investigation 1 YES BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide IMPORTANT: It item 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL-EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 8 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 02/02 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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ANDERSON,

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31. DATE FILED (Month, Day, Year)

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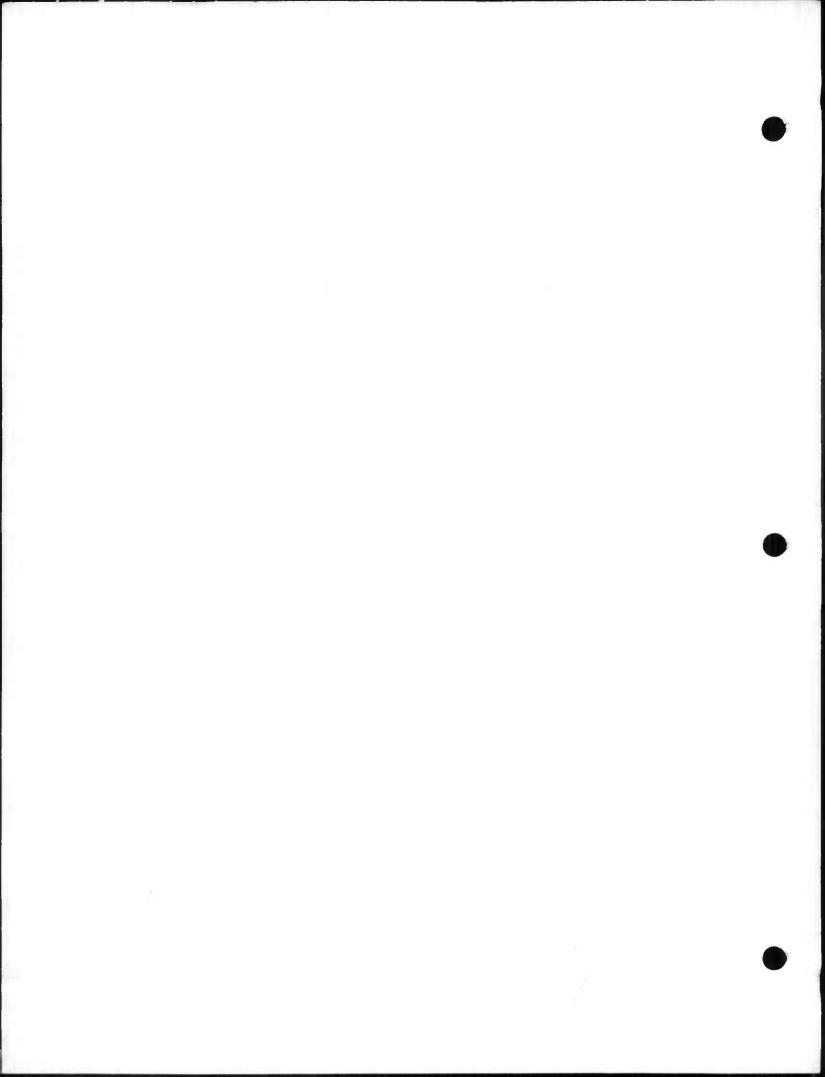
MC, USN

32. REGISTRAR'S SIGNATURE

whice Davidson-Randalle

CENTER

NATIONAL NAVAL MEDICAL BETHESDA MD 20889-5600



the hospital or attending physician. i detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DALLINOUE, MANILANI	hours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (Fil	rst, Middle, Last)			ERTIF						REG. NO			3. TIME OF DEATH
BEULAH MA		LENAX							Febr	uary	4, 19	993	7:20
4. SOCIAL SECURITY NUI 212-12-819		5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MIN	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRT	HPLACE (State or Fore
9a. FACILITY NAME (If not			- / /	Tho.						19, 1	_		Va.
					-		OR LOCATIO	ON OF DE	EATH		9c. COU	NTY OF	DEATH
Garrett Cou	INTY ME	morial Ho	ospital			0akl	and				G.	arre	ett
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	OR LOCAT	TION						10d. INSIDE CITY
W. Va.		ker		H	arman	n							LIMITS?
10e. STREET AND NUMBE	P					101	. ZIP CODI				10g. CITI	ZEN OF	WHAT COUNTRY?
Rt. 3 Box	179						2627	0			US	A	
11. MARITAL STATUS 1 Never Married 2	7] Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI		13. 1	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Ye	or No-	14. RAC	CE — American Indian, ck, White, atc.
3 Widowed 4 Di		IF YES, GIVE W					2 K NO			Cart, 616.)		Spe	
15. DE	ECEDENT'S EDU	CATION	16a Di	ECEDENT'S	I IISHAL OV	CCLIDATIO	DN		l day i	KIND OF BU	201500/010		WILLE
(Specify of Elementary/Secondary	only highest grade	completed) College (1-4 or 5 +	(0	Give kind of a	work done i	during mo	est of working	g	160.	KIND OF BU	SINESS/IND	USTRY	
8	(0-12)	College (1-4 of 5 +	"	Home	maker	r				Own F	Iome		
17. FATHER'S NAME (First,	Middle, Last)						18. MOTE	ER'S NAI	ME (First, Mi	iddle, Malden			
Charles I	Patrick	Wamsey					Be	ssie	Agn	es I	umir	e	
19a. INFORMANT'S NAME			19	b. MAILINO	ADDRESS	(Street a	nd Number	or Rural R		r, City or Tow			
Robert D.	Mullen	ax	3	3835	N. 91	th S	t.,	Apt.	#4	Arlin	gton	, Va	. 22203
20a, METHOD OF DISPOS 1 IX Burlet 2 ☐ Cremat		ound from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na	ime of		DATE	20c. LO	CATION -	City or T	fown, Stata
4 Donation 8 Oth	er (Specify)		Bethe	eT Ce	mete:	ry			2/6	Har	man,	W. '	Va.
21. SIGNATURE OF FUNER	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH												
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23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart fellure.	complications that List only one cau	se on each iin	eeth. Do r	Du not enter	urst	Funde of dyl	eral	Home	e - Oa		d, M	Approximate Interval Bette Onset and E
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DESC  281. LOCAT City or  to the cause lime, data a	24a. WAS AN PERFOF 1 YES 2 (Specify) RIBE HOW I Town, State)	AUTOPSY IMED?  NO  NJURY OCC  and Number	244  244  246  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course  Course	Approximate interval Bett Onset and E Onset and E Onset and E 1989  b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2N NO
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that influsted events resulting in death) LA  PART II. Other algnific adenocay  25. WAS CASE REFERRED EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  Netural 5 Accident 3 Suicide 8 Homicide 8  29a. CERTIFIER (Check only one) 2 ME	diseases, or heart feliure.  intions, lediata ying jury structure of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product	complications that List only one cau  a. metasta DUE TO b. DUE TO c. DUE TO d  a contributing to Of the e  HOSPITAL: 11 inpatient 2  28a. DATE OF Month, De 28b. PLACE Of building, of	t caused the dese on each line atic ade (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not and omety  ER/Outpatient 3  INJURY INJURY — At he etc. (Specify)  my knowledge, de	eeth. Do re. 2.10C 2.0UENCE Of OUENCE Of OUENCE Of Tesulting 2.111111111111111111111111111111111111	Dunot enter  TCin( F):  F):  OTHER 4   Nurs BE OF   JURY M    street, factor  ed at the life	the mo	Fundade of dyl	eral ng, such ne r  liven in i	Pert I. :	24a. WAS AN PERFOF 1 YES 2 (Specify) RIBE HOW I Town, State)	AUTOPSY IMED?  NO  NJURY OCC  and Number	d, M. est, 244	Approximatintarval Bei Onset and 1989  D. WERE AUTOPSY FINI MARILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 21 NO

1 - STATE REGISTRAF		FOR
REGISTRAF	1	STATE
	•	REGISTRAR

STATE OF MADVIAND / DEPARTMENT OF

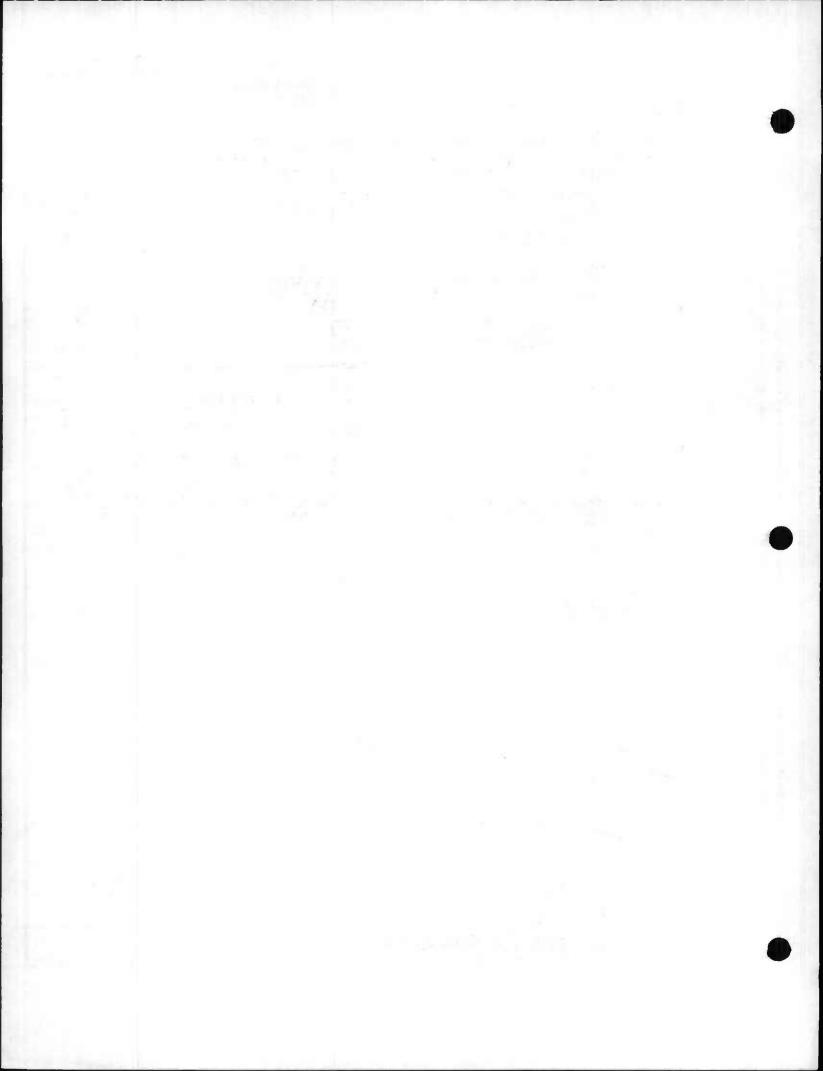
	1 - STATE REGISTRAR	SIAIE OF MAI		RTIF	ICATI	OF	DEAT	ANU	MEN	REG. NO.	E		
- 3	1. DECEDENT'S NAME (First, Middle, Last)								2. D.	ATE OF DEATH			3. TIME OF DEATN
	Joanna Groo	ms McC:	rone						Ja	in. 29	199	3	Ам
8	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D/	ATE OF BIRTN fonth, Day, Year)		8. BIRTN Countr	IPLACE (State or Foreign
	216-48-8198		83	YRS.	WONTINS	DATE	HOUNS	MATN.		0. 08 19	09		ryland
DIRECTOR	90. FACILITY NAME (If not institution, give s  205A BOXWOOD RESIDENCE OF DECEDENT	· ·			9b. CITY		apol:		EATH			e Ar	undel
EG	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCAT	ION						***
		Arundel					olis						10d. INSIDE CITY LIMITS?  1 XXVES 2 NO
FUNERAL	10e. STREET AND NUMBER	- "-				101	ZIP CODE			10g. CITIZEN OF WHAT			WHAT COUNTRY?
NE	205A Boxwood Ro		21403					United			States		
В	1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 XX	S 2 XXIO If yee, specify Cuben, Mexican, Puer					IGIN? (Specify Yea rto Rican, etc.)	Specify Yea or No— 14. RACE — American Black, White, etc. Specify: Whi			
	15. DECEDENT'S EDU- (Specify only highest grade	CATION COmpleted	16a. DEC	EDENT'S	USUAL O	CCUPATIO	N		T	16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. (	Do NOT u	se retired.)		st of workin	g					
M	10 17. FATNER'S NAME (First, Middle, Last)		In the	omen	aker						Home	)	
	Harry Alford Be	cte								st, Middle, Melden s	Sumeme)		
8	19s. INFORMANT'S NAME (Type/Frint)		19b.	MAILING	ADDRESS	(Street e				lumber, City or Town	Casta 71	- Codel	
2	Lillian Eaton								Edgewa			21037	
- 1	10a, METHOD OF DISPOSITION 1√Durist 2 ☐ Cremetion 3 ☐ Rem		20b. PLACE AN	NO DATE	OF DISPOS	ITION/Na	me of		-	ATE 20c. LOC			
- 1	4 Donation 5 Other (Specify)	1 1	HillC:							31-93 Annapolis, Maryla			, Maryland
	21. SIGNAPORE OF FUNDAM SERVICE (C	ENSEE LOND					D ADDRES			Taylor	Fun	eral	Home
	23. AAT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval interval.											Approximata interval Batween Onset and Desth	
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. SEVENCE EMPTHY SUMMED IN THE CONSEQUENCE OF:  OUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL	PART ii. Other significant condition	s contributing to daa	th but not res	suiting i	n the un	derlying	cause g	lven in	Part I.	240. WAS AN A PERFORM	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATN (Ch	eck only	( noe)			
Sic I	EXAMINER?	HOSPITAL:	Outpatient 3	DOA	OTHER A Num	1:		00-	,	ther (Specify)			
- 1	27. MANNER OF DEATH Silver 1 5 Pending	28e. DATE OF INJU (Month, Day, Ye	IRY	28b. TIMI		28c. INJU WOI	IRY AT			DESCRIBE HOW IN	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined										oute Number,		
3 Suicide 6 Could not be determined building, etc. (Specify)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner es stated.							ed. re cause(e)	end menner ee stated,					
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUN	WBER		29d. DAT	E SIGNED	(Month, Day, Year)
2							D4	1698	8		▶ <sub>A</sub>	anua	ry 29, 1993
	Stephen C. Hamil	ton, M.D.	205 R:	idgl		venu				is, MD 2			-1 -/9 -//2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		*			-				_	
	31. DATE FILED (Month, Day, Year) FEB 0 1 1993	Julia Davidson	-Mandell	4									

BALTIMORE, MARYLAND 2 TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-transit permit. Pages 1, 2, 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - ST	OR ATE EGISTRAR	STATE OF MAR	IYLAND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH		93 03988						
1. DECE	DENT'S NAME (First, Middle, Last) Orence S. Medo	off	OLKIII ICA	TE OF BEATH	2. DATE OF DEATH MONTH DAY	93 4:00 A						
18	AL SECURITY NUMBER 0–18–6192	1 🗆 M 2 🗡 F	8 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 5/8/1909	6. BIRTHPLACE (State or Foreign Country) PA						
Che RESIG	ILITY NAME (II not institution, give to esapeake Manor DENCE OF DECEDENT			Arnold, MD		ne Arundel						
		Y Arundel Cou		apolis		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
35	41 Newport Ave	nue	ED IN U.S. ADMED	101. ZIP CODE 21403		U.S.A.						
w X c M	over Married 2 Married Idowed 4 Divorced	FORCES? 1 1	YES 2 NO	If yes, specify Cuben, Mexit  YES 2 NO Specific Cuben, Mexit	ANIC ORIGIN? (Specify Yea or No- can, Puerto Rican, atc.) city:	14. RACE — American Indien, Black, White, stc. Specify: White						
Elem 17. FATH	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.)  Retail Shop Owner  Women's Clot											
m Johns	17. FATHER'S NAME (First, Middle, Last)  Joseph Steinberg  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
20a. ME 1 But	Alberta Showalter Witzgall 3541 Newport Avenue Annapolis MD 21403  20s. METHOD OF DISPOSITION 1 Burlas 2 Cremation 3 Removal from State cemetary, crematory or other place)  20b. PLACE AND DATE   DATE   20b. LOCATION - City or Town, State   27   27   20c. LOCATION - City or Town, State											
	ATURE OF FUNERAL SERVICE LI	J. Bu	See	Montessori ( 22. NAME AND ADDRESS OF G	Taylor Fu	delphia, PA						
iMMED	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or has t feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)											
Sequal if any, cause.	ntisily list conditions, leading to immediata Enter UNDERLYING	b	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	a Uluz		MMHL MONTH						
that in	E (Disesse Dr Injury Itiated events ing in death) LAST	DUE TO (OR /	AS A CONSEQUENCE OF):									
PART I	I. Other significant condition	na contributing to deal	th but not resulting in th	a underlying cause given i	Part i. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES   2   NO   1   Inpetient   2   ER/Outpetient   3   DOA   4   Nursing Nome   5   Residence   6   Other (Specify)												
	NER OF DEATN  Natural 5 Pending Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	8 Other (Specify)  28d. DESCRIBE NOW INJURY OCCURED									
	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)											
One)	2 MEDICAL EXAMINE	R: On the beele of examin			ue to the cause(e) and menner as a ne time, date end place, end dua to	stated, the cause(e) end menner se stated,						
296. SIG	NATURE AND TITLE OF CERTIFIE	M M	m	29c. LICENSE N	29d. D	ATE SIGNED (Month, Day, Year)						



BALTIMORE, MARYCAND 21215-0020
fler death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be directled for use as the buriat-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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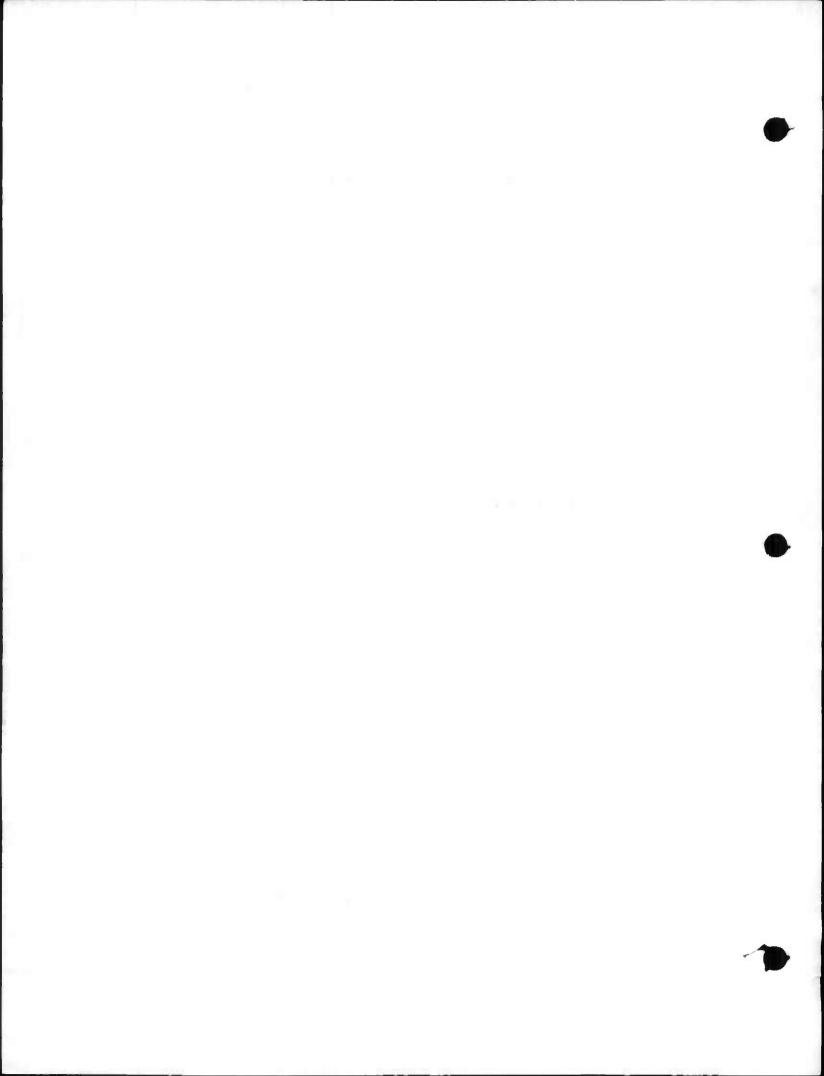
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN REG. NO	_		
4000	1. DECEDENT'S NAME (First, Middle, Last)	Moulden	E J. MOU	JLDEN		2. DATE OF DEATH	8 9 3		
-	4. SOCIAL SECURITY NUMBER 216-44-5949		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DECEMBER	12 1944	MARYLAND	
LOR	9a, FACILITY NAME (If not institution, give s ANNE ARUNDEL MED)			96. CITY, TOWN ANNAPOL	OR LOCATION OF D	EATH	9c. COUNTY OF DEATH ANNE ARUNDEL		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND  ANNI	e ARUNDEL	100	Y, TOWN OR LOCA	TION		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7354 EDGEWOOD ROAI	0		10	1. ZIP CODE 21403			OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 X NO ATES	If yes, or		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	RACE — American Indian, Black, White, etc. Specify: JACK		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  COllege (1-4 or 5+)  To part of the bind of work done during most of working life. Do NOT use retired.)  CASHIER  17. FATHER'S NAME (First, Middle, Last)  MADIE TACORS									
ш	17. FATHER'S NAME (First, Middle, Last) MELVIN P. BRANDF(	ORD			MARIE J	AME (First, Middle, Meider ACOBS	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print) HERBERT E. MOULDE!	N, JR.	19b. MAILING 7354	ADDRESS (Street EDGEWOOD	RD. ANN	Route Number, City or Tov APOLIS, MD	m, State, Zip Cod	0)	
20a. METHOD OF DISPOSITION  1 0K Burtlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Competency, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crematory, Crem									
	21. SIGNATURE OF FUNERAL SERVICE LIC	D. Ree	se	REESE		ORTUARY, F		01	
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sep 5	the death. Do ach line.	not enter the mo	ode of dying, suc	ch as cardiac or resp	piratory arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A		MU 47/	JE 20	211070315			
MEDICAL CI	PART II. Other significant condition	a contributing to deeth b	out not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF DEATH (CI	6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic		281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,	
COMPLET		ICIAN: To the best of my know						use(s) end manner es stated.	
BE	296. SIGNATURE AND TYTLE OF CERTIFIE		tchell		29c. LICENSE NU			NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE		Print)	145 /	40 7/	401	- V V	

Frankous,

32. REGISTRAR'S SIGNATURE
July Son-Amdall

21401

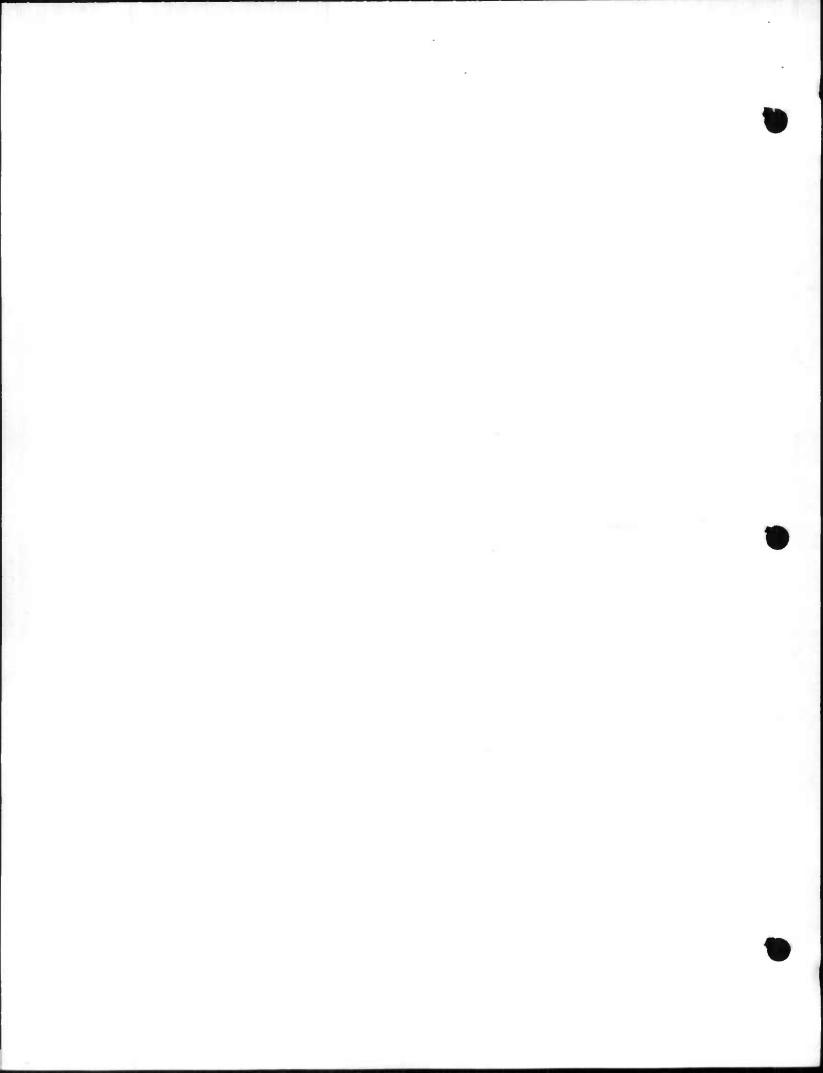
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BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the heavy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT				ENTAL HYGIEN	_	93	03990
	1. DECEDENT'S NAME (First, Middle, Lest)	F.	Mil	1/ 1/	P	01	DEATI	_	PEG. NO  2. DATE OF DEATH MONTH D	AY 9-	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1	YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	235-12-1471 9e. FACILITY NAME (If not institution, give :	1 M 2KTF	75	YRS.		DAYS	HOURS OR LOCATION	MIN.	(Month, Dey, Year) 4-24-19 TH		Count	w t Virginia
DIRECTOR	LELAND MEMO	PRIA/ T	Hosp		7	)	RVa			11)	inc	
H H	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
		Geoirge	S		Hyat	ts	ville	3				1X YES 2 NO
FUNERAL	6118 42 nd.	Avenue		101. ZIP CODE 10g. CITI					US.	VHAT COUNTRY? A		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. WA	S DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,
à	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2½ NO		Puarto Rican, etc.)		Spec	
P	15. DECEDENT'S EDU (Specify only highest grade		(G	ive kind of	USUAL OCC	UPATIO	ON sl of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	·) ///	ho	mema	ker	2		0'	wn h	ome	
	17. FATHER'S NAME (First, Middle, Last)	lmom							E (First, Middle, Melden	Surname)		
BE	John A. Pa	ımer	1 10	- MAIL INC	ADDDESS (				el White			
유	Carolyn Palme	r Millo	- 1	1 2 1 A	Ditt	oriver ai		HURBI HO	ute Number, City or Tow	n, State, Zij	o Code)	20721 lville,MD
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITI	ON (Nai	me of	, 16		CATION -		
	Burial 2 Cremation 3 Rem	oval from Stata	cametery, cre	matory or o	Como:	+02	CX7 2	/11				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROSedale Funeral Chapel 20.60 Rosedale Pd Martinsburg								y, wv				
								burg. WV				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A white Myochalle Rd., Martinsburg, WV											
	resulting in death)	a. DUE TO	OR AS A CONSE	C C	040	01	13 CD	10	146	PARC	617	1 3 Hrs
Z					,		AQ-	7	DISER	36		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	UENCE O	F):							
FIC	CAUSE (Disease or injury that initiated eventa	c. DUE TO	(OR AS A CONSE	UENCE O	AT S	~	719	7				
FF	resulting in death) LAST	d										
2	PART ii Other significant condition	o contribution to	death but and									1
N N	PART ii. Other significant condition	s contributing to	death but not r	eaulting	in the unde	riying	cause giv	an in Pa	ert I. 24a, WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA									1 YES 2	□ NO		OF DEATH?
									-			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DEA	TH (Check	confy one)			
Sic	EXAMINER?	HOSPITAL:	CER/Outpatient 3	□ DOA	OTHER:	_			Other (Specify)			
돛	27. MANNER OF DEATH	28a. DATE DF (Month, D	INJURY W. Ward	28b, TIM		ic. INJU	JRY AT		ed. DESCRIBE HOW II	NJURY OC	CURED	
ΒY	Natural 5 Pending Investigation	(	-, 1001/	1140		WOF	ES 2 A	10				
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At ho stc. (Specify)	me, farm, :	street, factory	, offica		2	8t. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a	my knowladga, de	ath occurr	ed at the time	, data :	and place, ar	nd due to	the cause(s) and man	nor as stat	led.	
	29b. SIGNATURE AND TITLE OF CERTIFIE											-1
BE	K (gen	un	ms				29c. LICENS	SE NUMBI	700	29d, DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	4 27) (Type,	Print)		7	7	144		4	0103
	1	ATHE	V 65	10	KE	12	1000	20	VA HT	₹ .	Qi	JERDALE
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A'S SIGNATURE	70.	. 00					(10)	7 7	CSFG
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 1.8 1993 Fundamental FEB 1.8 1993											

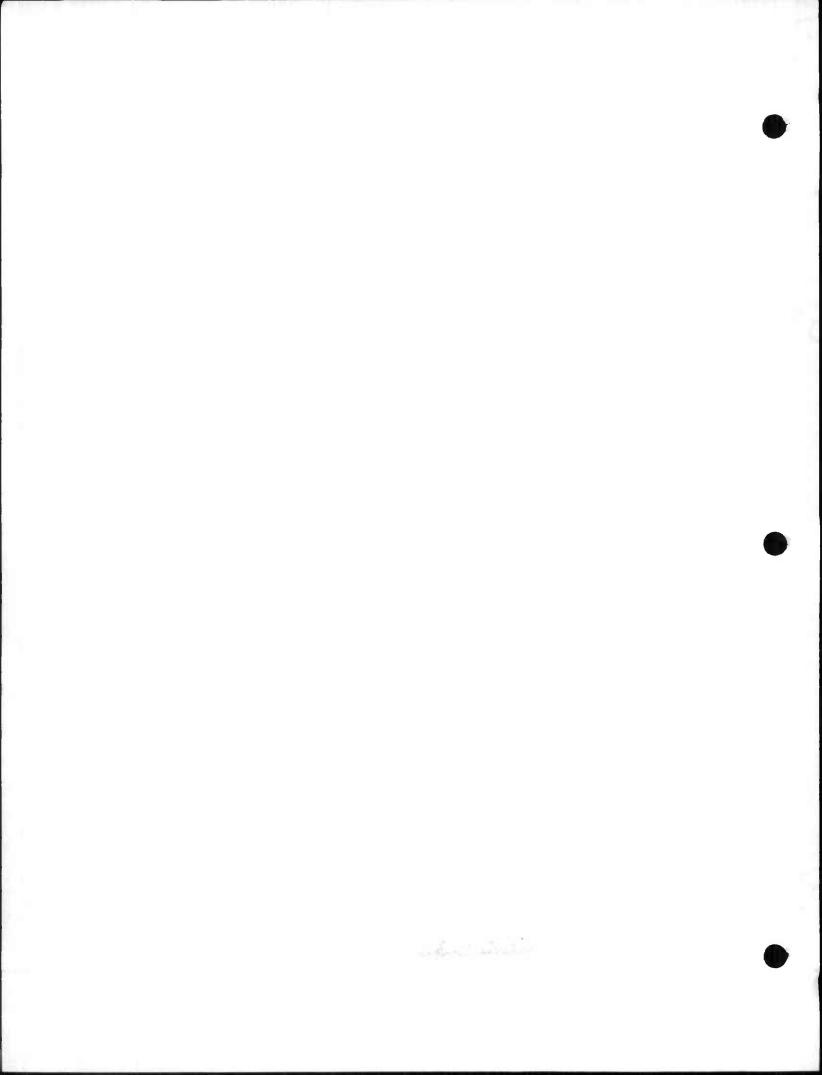


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N CF V	IG PHYSICIA	er this cert	ath with th	nerked.
ON OF A	NDING PHYSICIA	: After this cert	r death with th	is merked.
ISION OF V	ITTENDING PHYSICIA	CTOR: After this cert	after death with th	28 is merked.
DIVISION OF V	OR ATTENDING PHYSICIA	DIRECTOR: After this cert	hours after death with th	tem 28 is merked.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIA	VAL DIRECTOR: After this cert	72 hours after death with th	If Item 28 is merked.
DIVISION OF V	HOSPITAL OR ATTENDING PHYSICIA	FUNERAL DIRECTOR: After this cert	within 72 hours after death with th	ANT: If Item 28 is merked.
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSICIA	THE FUNERAL DIRECTOR: After this cert	led within 72 hours after death with th	ORTANT: If Item 28 is merked.
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dark certificate the executed within 24 is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the transport product and completely filled	be filed within 72 hours after death with th	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury or other fraumatic event, the

31. DATE FILED (MOVING Day, Year)

THE DEVICE OF THE

	FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEP/	RTMEN FICAT	T OF H	IEALTH DEA	AND I	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last)	James Pa	trick	Mever	s				M	ATE OF DEATH DATH DATH		YEAR 993	3. TIME OF DEATH  10:25 P M
1 8	4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthda		R 1 YEAR	IF UNDE	24 HRS.	7. D/	TE OF BIRTH	, T o T		IPLACE (State or Foreign
	225-70-9587		1√√ M 2 □ F	4	△ YRS.	MONTHS	DAYS	HOURS	MIN.	(A	fonth, Day, Year)	948	Countr	nsylvania
	9e. FACILITY NAME (If not in:	atitution, give s			1	9b. CIT	Aug. 28, 1948 Pennsyl							
OR R	13710 Parkla		ive			Roc	kvil	le				Mon	tgom	erv
<u> </u>	RESIDENCE OF DEC	10b. COUNT	Υ		10c (	ITY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
DIRECTOR	Maryland	Mont	gomery			ockvi								LIMITS?
4	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	13710 Parkla	and DR	ive						208	353		Uni	ted	States
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	I.S. ARMED	13.					IGIN? (Specify Yes	1	14. RACE	- American Indian,
	1 Never Married 2		FORCES? 1	YES WAR OR DATE	ES NO			ecify Cubi			rto Rican, etc.)		Speci	t, White, etc.
BY	3 Widowed 4 Divo	rced	<u> </u>					74						White
	15. DECI (Specify only	EDENT'S EDU	CATION completed)	11	6a, DECEDENT	'S USUAL (	CCUPATIO	ON ast of worki	na -		16b. KIND OF BUS	SINESS/ING	DUSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	<b>+</b> )	Ilfe. Do NOT	use retired.)								
MP	12	_			Sale	sman					Retai	l Ti	re	
COMPLETED	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NA	ME (Fi	st, Middle, Maiden	Surname)		
BE	William Fra		Meyers,	Jr.				Jos	ephi	.ne	Rose Di	Guis	eppi	
TO E	19a. INFORMANT'S NAME (7)		r ====		19b. MAILI	G ADDRES	S (Street e	nd Numbe	or Rural	Floute A	lumber, City or Tow	n, Statu, Zij	Code)	
-	Robert W. S	Stoebe	r	_	Sam	e as	10							
	20a. METHOD OF DISPOSITI	ON Bem	ovel from State	20b. P	LACE AND DAT	E OF DISPO	SITION (Na	me of			ATE 20c. LO	CATION -	City or To	wn, State
i i	4 Donation 5 Other (Specify) Suburban Crematory 2-1 Silver Spring, Maryland													
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1				ID ADDRE		CILITY				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Rapp Funeral Services, P. A.  933 Gist Avenue Silver anning MD 20010													
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest,   Approximate													
	shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. ACTUYED IMMUNOUS CURY SYNDROLL  S. ONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  D. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	Dehydrah		s contributing to	death but	not resultin	in the u	nderiying	g cause	given in	Part I	. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck onl	y one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outnett	lent 3 DOA	OTHE 4   Nu	R:				Other (Specify)			
Ě	27. MANNER OF DEATH		28e, DATE OF	INJURY	28b. T	ME OF	28c, INJ	URY AT	-aruerice	_	DESCRIBE HOW II	NJURY OO	CURED	
		ending	(Month, D	ley, Year)		NJURY M		RK?	NO	-				
BY	• • • • • •	nvestigation	28e. PLACE C	F INJURY -	At home, ferm	, street, fac				28f. I	OCATION (Street a	ind Number	or Rural S	loute Number
		Could not be letermined	building,	atc. (Specify,	)		,,			-5	Olty or Town, State)	a rearmon	Se I HARRIE P	nous Humber,
COMPLETED	29e. CERTIFIER			od Janes					1 100				_	
₩	(Check only		CIAN: To the best of											She was a second
Ö	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner ee stated.													
l w l	296. SIGNIKTURE AND TITLE	OF CERTIFIED	10						ENSE NUM					(Month, Day, Year)
80	1 centape	yul	W					Di	782	10		▶ Fe	ebrua	ry 1, 1993
임	30. NAME AND ADDRESS OF													
	Brent A. Berger, M. D., 11125 Rockville Pike, #103, Rockville, MD 20852													

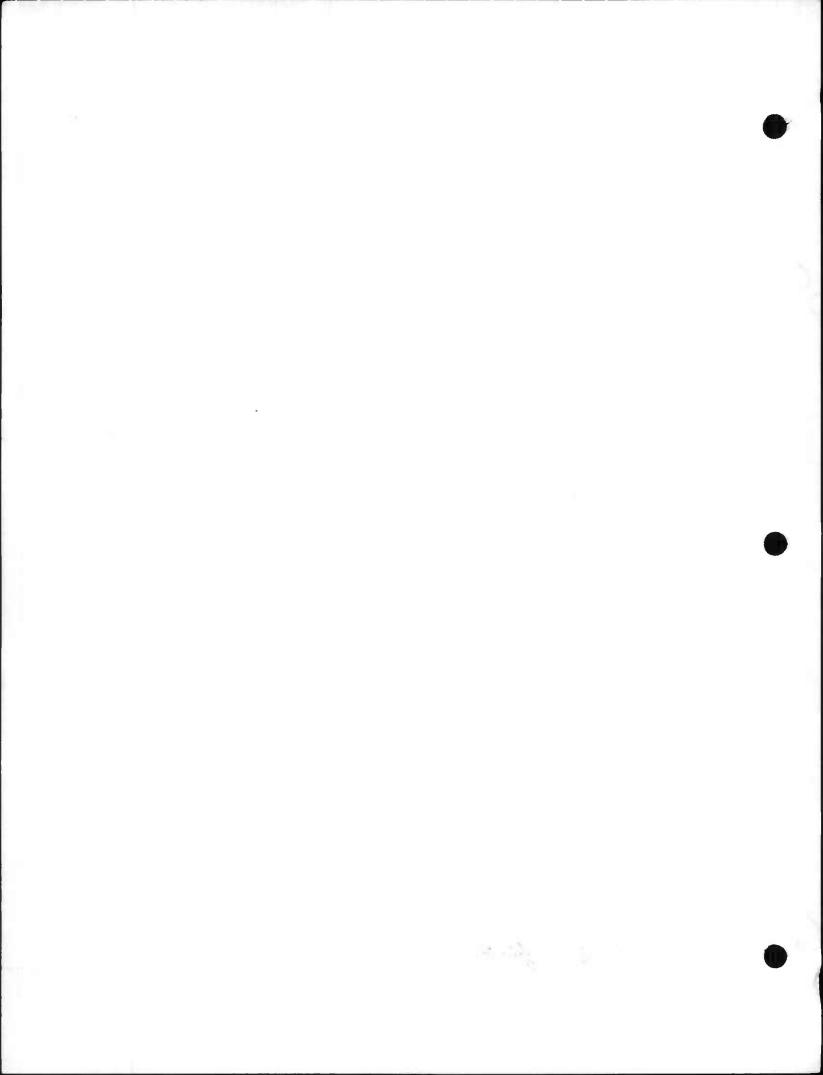


DHMH-16 Rev 1/89

			1. DECEDENT'S NAME (First	Middle, Last)		1			_	100	TE OF DEATH		TA	
		- 8	Holon	1/	Muss		elen N	. Musse	lman		NTE OF DEATH	6 9	YEAR 3.	TIME OF DEATH A
			4. SOCIAL SECURITY NUMBER	DER .	5. SEX	- 1	s. last birthday	F UNDER 1 YE	AR IF UNDER 24	7.04	TE OF BIFTTH	7 /	2	у — и
			579-44-8297	,	1   M 2   X F					MIN. (M	onth, Day, Year)		Country)	ACE (State or Foreign
	should	- 9	9a. FACILITY NAME (If not in			8	/	OF OUTA TO			y 16, 1			ngton, D.C
	3 sho	œ	7/10000	2/0-	106/	7		96. CITY, 10	WN OR LOCATION	1		4.0	Y OF DEAT	
	2	ECTOR	RESIDENCE OF DEC	EDENT	CITY!	are	2	160	They	15/10	My	Mon	190	meny
	Jes 1	E I	10e. STATE	10b. COUNT	Υ		10c. C	TY, TOWN OR L	DCATION		9		10	d. INSIDE CITY
	if. Pages 1,	DIR	Maryland	Mont	gomery		Ga	ithers	nure					LIMITS?  X YES 2 NO
	2	A	10e. STREET AND NUMBER		, ,				101. ZIP CODE			10g. CITIZE		T COUNTRY?
	ž.	ERAL	301 Russell	Aveni	10				2087	77			JSA	
020 physician	burlat-tran	3	11. MARITAL STATUS	- 1110111	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. WAS	DECENDENT OF		GIN? (Specify Yes			American Indian,
215-0020 attending physic	ž	4	1 Never Married 2		FORCES? 1 IF YES, GIVE W			If ye	YES 2 XNO	Mexican, Puer	to Rican, etc.)		Black, W Specify:	Thite, etc.
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21	8			EOENT'S EDU		164	. DECEDENT	S USUAL OCCU	PATION g most of working		16b. KIND OF BU	SINESS/INDU	STRY	
22	à	Ē	Elementary/Secondary (0		College (1-4 or 5 +	)	Ille. Do NOT	use retired.)	y most or working					
AND P hospit	ached Se.	MP.			2		Accou	nting '	Гесh		Gover	nment		
34	e e	COMPL	17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER	R'S NAME (Fir	st, Middle, Maiden	Sumame)		
ES	2 /2	ш	Isaac W. W	right					Ma	ary E.	Zeller	S		
A M	I I	10 B	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILIN	G ADDRESS (St	eet and Number or	Rural Route N	umber, City or Tow	n, State, Zip C	ode)	
×.	2	F	Pollyann D	ennis			10206	Edgew	ood Ave.	Silv	er Spri	ng, MI	. 20	901
R W	at be	1	20a. METHOD OF DISPOSIT	ION	cumi from State			OF DISPOSITIO	N (Name of	0	ATE 20c. LO	CATION — CI	y or Town,	State
0 8	must		4 Donation 5 D Offer	(Specify)	-0	Mou	y. cremetory or untain	other place) View (	Cemetery	7 02+0	2-98 Sh	arosbi	irg.	MD.
Page 6 ma	Ameral director, caminer mus	1	21. BIGHATURE OF SOMERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Hines—Rinaldi Funeral Home											
ALT death.	- 22	- 1	> 1/1/1/2	. 11/	Total M									
B/after	hours after ad in by the or remem	$\dashv$	23. PART I. Enter the di	48/	complications that	council the	e death De	11180	00 New H	lampsh	ire Ave	. Silv	er S	pring, MD.
Ours		- 1	snock; or n	eert fallure.	List only one cau	se on each	line.	not enter the	mode or dying	, such as c	ardiac or respi	ratory arres	st,	Approximate interval Between
24	24 hour filled in fon, or the me		IMMEDIATE CAUSE (Fir disease or condition	el	D. I.			1						Onset and Death
, o	completely fille ial, cremation, event, the	1	resulting in death)	<b>→</b>	a. YUIM	lona	ry' (	2m6	oliza	64105	1			1 m.
68760, executed within	5 m 6				DOE 10	(OH AS A COI	NONCEPENCE	OF):	1.	1				0.11
99 m	sician and comrisor to burial, traumatic ev	CERTIFICATION	Sequentially list conditi		b. DUE TO	OR AS A COL	MARCHIENCE	15 Y	ncom	1005	15			dy nrs
BOX	rior t	FA!	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.										00	
O. B.	ing phy giene p	윤	CAUSE (Disease or inju	7	DUE TO	OR AS A COR	NSEQUENCE	OFI:						a-syear
O. P.	Hygie or ot	E	that initiated events resulting in death) LAST										İ	
S, F		빙			d									-
Q å	N 0 -	A	PART II. Other eignifice	nt condition	s contributing to	deeth but n	not reculting	In the under	ying cause give	en in Part i.	24e. WAS AN PERFOR			RE AUTOPSY FINDINGS
0 5	하 를 등	EDICAL	Deman	tia							1 TES 2	1 -	co	MPLETION OF CAUSE DEATH?
ECC quires	f Heal	핗					_							YES 2 10
L RE	has been Dept. of 23 sho	ä												~
OF VITAL HYSICIAN: The law		PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? N	MEDICAL				2	. PLACE OF DEAT	TH (Check only	one)			
NA SNA		Š	1 TES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatien	nt 3 🗆 DOA	QTHER: 4 X Nursing	Home 5 - Resid	ience 6 🗆 O	ther (Specify)			
VISION OF VITA ATTENDING PHYSICIAN: The	this certi with the ked, or	ξI	27. MANNER OF DEATH		28a. DATE OF (Month, De		28b. TI		INJURY AT		EŞCRIBE HOW I	NJURY OCCU	RED	
	_ = 1	BYF		Pending investigation	(MONN, De	iy, reary	"		WORK?	ю				
ON	r death		3 Sudalda	Could not be	28a. PLACE OF	F INJURY — A	t home, farm,	street, factory,	office	281. L	OCATION (Street a	nd Number or	Rural Route	Number,
DIVISION DR ATTENDING	E # 8	W.		determined	building,	etc. (Specify)				-0	ity or Town, State)			
2 8	DIREC hours	LET I	29a. CERTIFIER	IEVING BUVEI	CIAN. To the head of	and beautiful	4			2007	C 600 222			
7	12 =	COMPL			CIAN: To the best of ex R: On the basis of ex									weekstatischen I
HOSP	FUNERAL within 72 TANT: If	8		-		annih annon ann	aroi ilivestigat	- In my opinic			ete end place, en	d due to the	cause(s) an	d manner as stated,
TO THE HOSPITAL	TO THE FUNERA De filed within 7 IMPORTANT: 1	<b>H</b>	296. SIGNATURE AND TITLE	DE CENTIFIED	10	1			29c. LICENS	E NUMBER		29d. DATE S	HIGNED (Mo	onth, Day, Year)
2	2 2 2	2	20 HAME AND LODGES	and	NVV	Ur	$\leq$	MD	D	123		- )-	-29	1-93
			30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (1)		$\wedge$	0	71	1		
			James K	1/10	wreck.	aD.	1 50	50Kes	ANG	Gai	Thers	burg	mi	1.20077
			FEB 01 1	33 (per.)	32. REGISTRAL							7		
			LED OT A	4.1	Sura Da	Mason	Manda 82							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

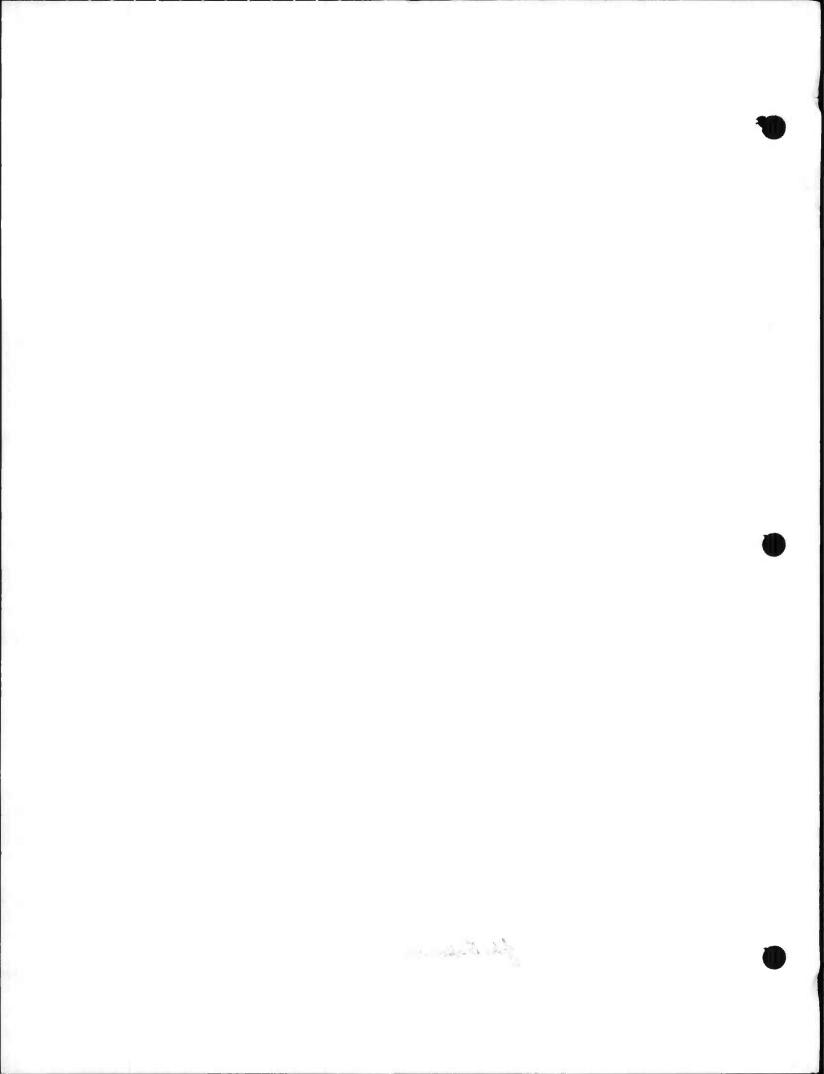


DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMONE, MANILAND ZIZIS-0020	A nown after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and company mean by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	n, or rigidasi.	restricted examiner must be notified at once.
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FOR STATE REGISTRAR	STATE 0	F MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	
1. DECEDENT'S NAME (First, Middle	s, Last)		2. DATE OF DEATH
Richard	Francis	Munsterteiger	1 25
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UND	ER 24 HRS. 7. DATE OF BIRTH

1 3	1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEATH			3. TIME OF DEATH
1 4	Richard	Fr	ancis	Munste	rteige	er				MON 1	25	W (	93	12:40 P M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs		IF UNDER		IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	_469-03-627	3	1 😡 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	1 1 ·	nth, Day, Year) -25-191	8	Min	nesota
1 3	9e. FACILITY NAME (If not it		street and number)			9b. CITY,	TOWN	OR LOCAT	ON OF DE				INTY OF D	
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DIRECTOR	RESIDENCE OF DE	CEDENT										h 1 111		corges
R	10a. STATE	10b. COUNT	TY		10c. CI	ry, town o	R LOCA	TION						10d, INSIDE CITY LIMITS?
	Maryland	Princ	e George	s	В	elts	/ill	.e						1) YES 2 NO
\¥	10a. STREET AND NUMBER						100	. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
Ü	11506 A11	view I					2	0705					U.S.	Α.
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M	17. FATHER'S NAME (First, N	Siridio Last)			System	IS A	nais	_	NEDIO MA	WF (F)	, Middle, Meiden		пшеп	L
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1 1	disease or condition	_	_	6 73 4	_									
1 3	resulting in death)		a lermin	al Colo	in Car	ver								
	resulting in death)		a. Termino	OR AS A CON	SEQUENCE C	ver								
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significates  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5	o MEDICAL  Pending Investigation  Could not be determined  TIFYING PHYS  ICAL EXAMINE  F PERSON WI	b. DUE TO c. DUE TO d	death but not be the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	DESCOUENCE OF THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECON	OTHER 4 Num HE OF JURY M street, factored at the ti	26. 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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be returned to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shruce	-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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5	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

	FOR												
	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND CI			T OF H E OF			MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	HILDA ELIZAI	BETH			Mc	CAB	3		FEEN		199	YEAR	0915 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE	R 1 YEAR	IF UNDER	1 24 HPIS.	7. DATE	OF BIRTH h, Day, Year)			IPLACE (State or Foreign
	216-14-2622	1 🗆 M 2 🔀 F	70	YRS.	MONTHS	LATS	HOUNIS			14, 1	922		MARYLAND
8	98. FACILITY NAME (If not institution, give st PENINSULA REGIONA	L CENTE	R	4	y, town o ALISB		ON OF D	EATH		9c. COUN	TY OF D		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,		I 40 - 007	y musi	OR LOCATI	1011						
I E				100				ATTAD	17				10d. INSIDE CITY LIMITS?
	DELAWARE SUS	SSEX		SEL	DIVI	LLE,	ZIP COD		· ·		ton CITI	ZEN OF V	1 YES 2 NO
FUNERAL	RT. 1 BOX 341 BISH	HOPVILLE	ROAD			100	199				US		THAI COUNTRY?
=	11. MARITAL STATUS	12. WAS DECEDEN		MED	13.	WAS DECI			NIC ORIGI	f? (Specify Yes			E — American Indian.
BY FI	1 Never Married 2 X Married 3 Widowed 4 Divorced		YES 2 X				city Cube	m, Mexico	en, Puerto	Rican, etc.)		Speci	k, White, etc.
	15. DECEOENT'S EDUC		16a. DE	CEDENT'S	USUAL C	CCUPATIO	N		166	KIND OF BUS	HNESS/IND	USTRY	MULLE
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Man	Do NOT u	work done se retired.)	during mos	st of working	ng					
N N	7			НО	MEMA	KER				OWN HO	ME		
8 8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Sumame)		
BE	RALPH W. LECATES								R. HA				
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			TE DE 1007
	CHESTER J. MCCABE	<del></del>		T. 1	_			SHUP	_				LE, DE.19975
	1 M Burial 2 Cremation 3 Remo	oval from State	20b. PLACE / cemetery, cre BISH	matory or o	ther place				2/4		ISHOI		LE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	buney				STIN				OME S	ELBY	VILL	E, DE.
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COPE	t caused the delise on each line	ular	- 0	r the mod	de of dy	Ing, suc	ch se can	diac or respi	ratory am	est,	Approximata interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	heratic failure; choleiathians; cholerystiles 1 yes 2 NO									b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	neck only or	16)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: rsing Home	5 🗆 Re	esidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  1. Netural 5 Pending	26a. DATE OF (Month, D		28b. TIN		28c, INJU	JRY AT			CRIBE HOW II	VJURY OCC	UREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	F INJURY — At ho etc. (Specify)	M 1 YES 2 NO  At home, farm, street, factory, office				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE												a) and manner as stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	(COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Too	Ordinal		29c. LICI	30	MBER 853		29d. DATE	SIGNED	(Month, Day, Year)

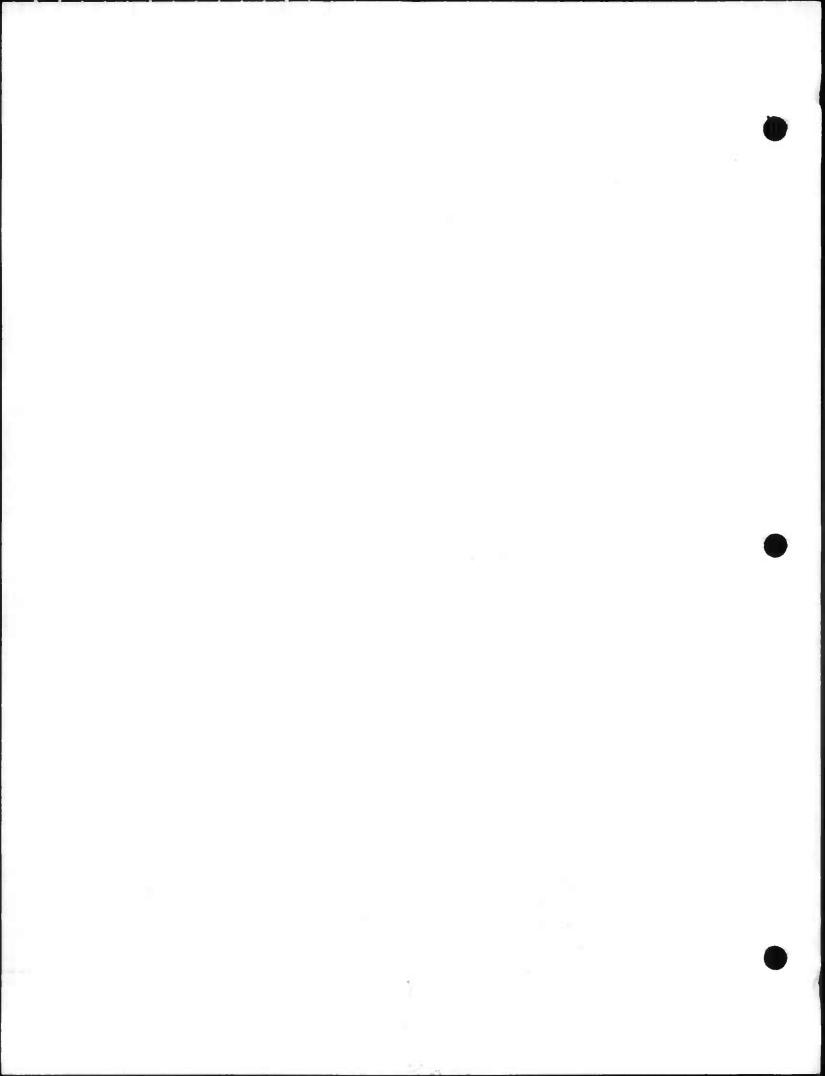
O'COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pr. REGISTRAR'S SIGNATURE

G PERSO

31. DATE FILED (MONIT) Day 194993

Ma

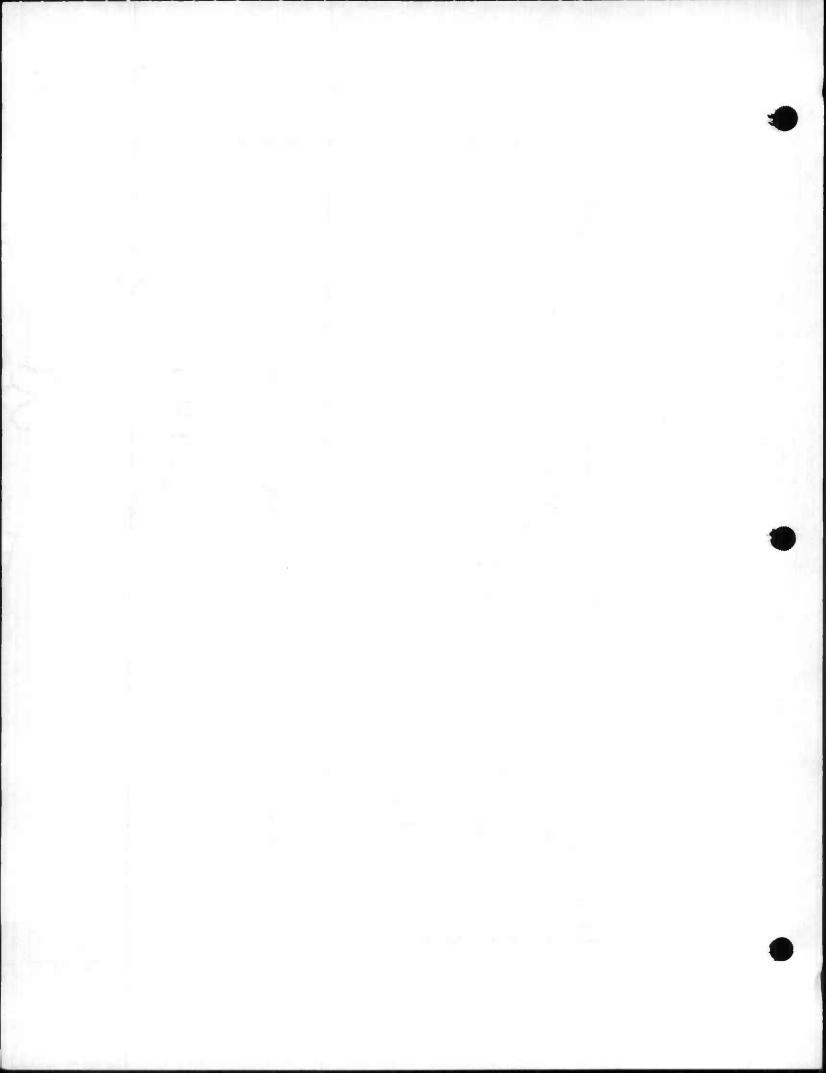


L RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed within 24 hours after death. Plays is manifolder by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral dimbur, page 5 pount be detached for use as the burial-transit permit. Pages 1, 2, 3 should ept. of Health and Memai Hydene prior to burial, cremation, or removal.	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
RECORDS, P.O. E	aw requires that the death certifical	s been signed by the attending phy- pt. of Health and Mental Hygiene	Software con later or other

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23.

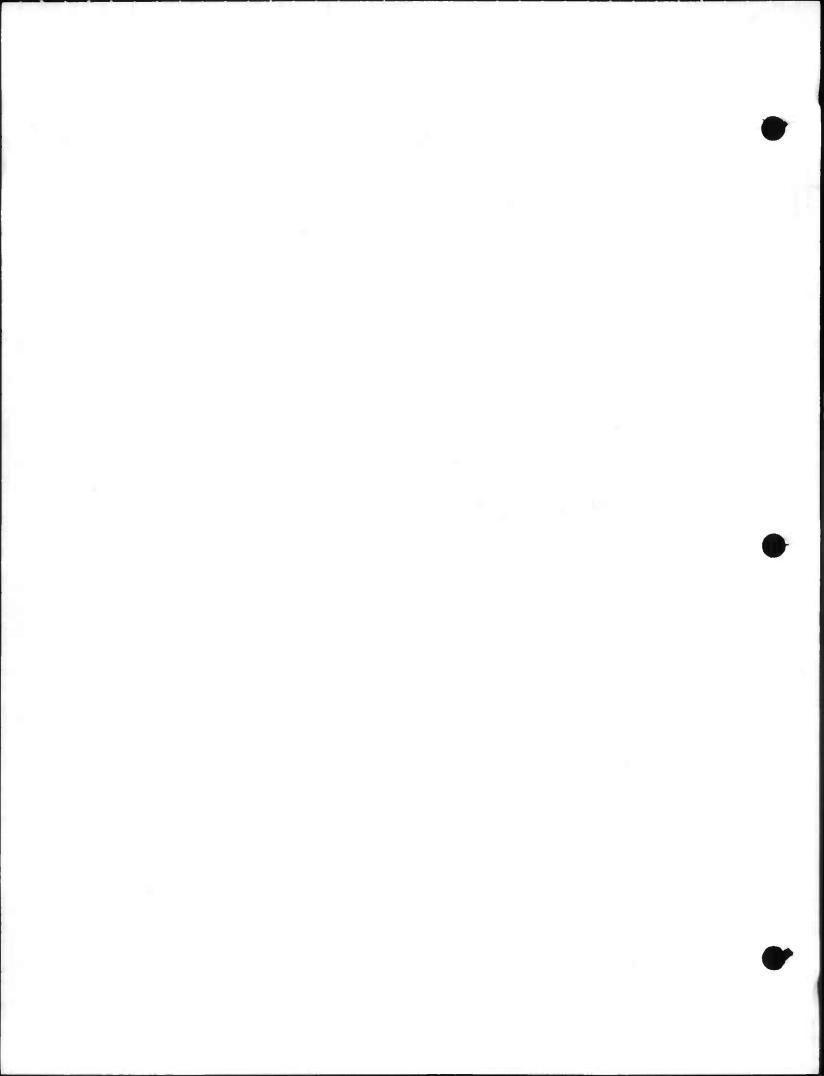
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CI	ERTIFI	CATE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Car	Ann		Matte	ers		2. DATE OF MONTH	DEATH	1993	3. TIME OF DEATH 1700 M
	4. SOCIAL SECURITY NUMBER 216 58 8415	1 M 2 M F	AGE (In yrs. las		IF UNDER 1 YEAR		7. DATE OF (Month, D March	8,1951	Count	HPLACE (State or Foreign try) Lifornia
TOR	9a. FACILITY NAME (If not institution, give street and number)  Calvert Memorial Hospital  Prince Frederick  Calvert									
IREC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  Maryland Calv				TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
9	10e, STREET AND NUMBER	/ EI U		1	Lusby					1 YES 2 NO
FUNERAL DIRECTOR	376 Towanda Trai					101. ZIP CODE 20657			USA	WHAT COUNTRY?
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X		13. WAS D If yes, 1 _ Y	ECENDENT OF HISPA apacify Cuban, Maxic ES 2 NO Spec	NIC ORIGIN? (San, Puerto Rica lly:	Specify Yes or No- in, etc.)	- 14. RACI Blac Spec	E - American Indian, ok, White, atc. othy: White
입	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	ISUAL OCCUPA	TION	16b. KI	ND OF BUSINESS!	INDUSTRY	
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	- III		retired.)	ospital	He	ealth Ca	re	
õ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd	de, Maiden Surname	0)	
BEC	George B. Ernst							Gaither		
2	Robert R. Matters	3			ADDRESS (Street	t and Number or Rural	Route Number,	City or Town, State,	Zip Code)	
	20a. METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Rem	oval from State	complete ore	malon, or oth	F DISPOSITION er placa)		DATE	20c. LOCATION		
	4 Donation 8 Other (Specify)	CENCEE .	Рорта	r Spr	ings C	emetery 2	2/5/93	Poplar	Sprin	ngs Maryland
	1 BRau	$\Delta$			RA	AND ADDRESS OF F	4405	asch Fun Broomes	eral	Home Rd Pland 20676
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line	h.		node of dying, su	ch aa cardlad	or reapiratory	arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OF	AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTAR AS A CONSECUTA	DUENCE OF)	:					
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	a contributing to de	eth but not r	eaulting in	the underly	ing cause given in		a. WAS AN AUTOPS PERFORMED?	Y 24b	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				,					
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C				
PHYS	I YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,	URY	28b. TIME	OF 28c. I	NJURY AT YORK?	T	pecify) IBE HOW INJURY (	OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF IN	IJURY Al ho	me, farm, st		YES 2 NO	281. LOCATION (Street and Number or Rural F City or Town, State)			Route Number,
COMPLETED	4 Homicide detarmined  29a. CERTIFIER (Check only	CIAN: To the beat of my	knowledge, de	ath occurred	at line time, di	ta and place, and du	to the course	a) and manner en	eteted	
NO.	one) 2 MEDICAL EXAMINE									a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	1/	7			29c. LICENSE NU	MBER 965		ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH Charles A. Judge						-		0 3	1172
					CK, Ma	ryrand 20	0/8			
	FEB - 4 1993	32. REGISTRAR'S	Mandal	2						



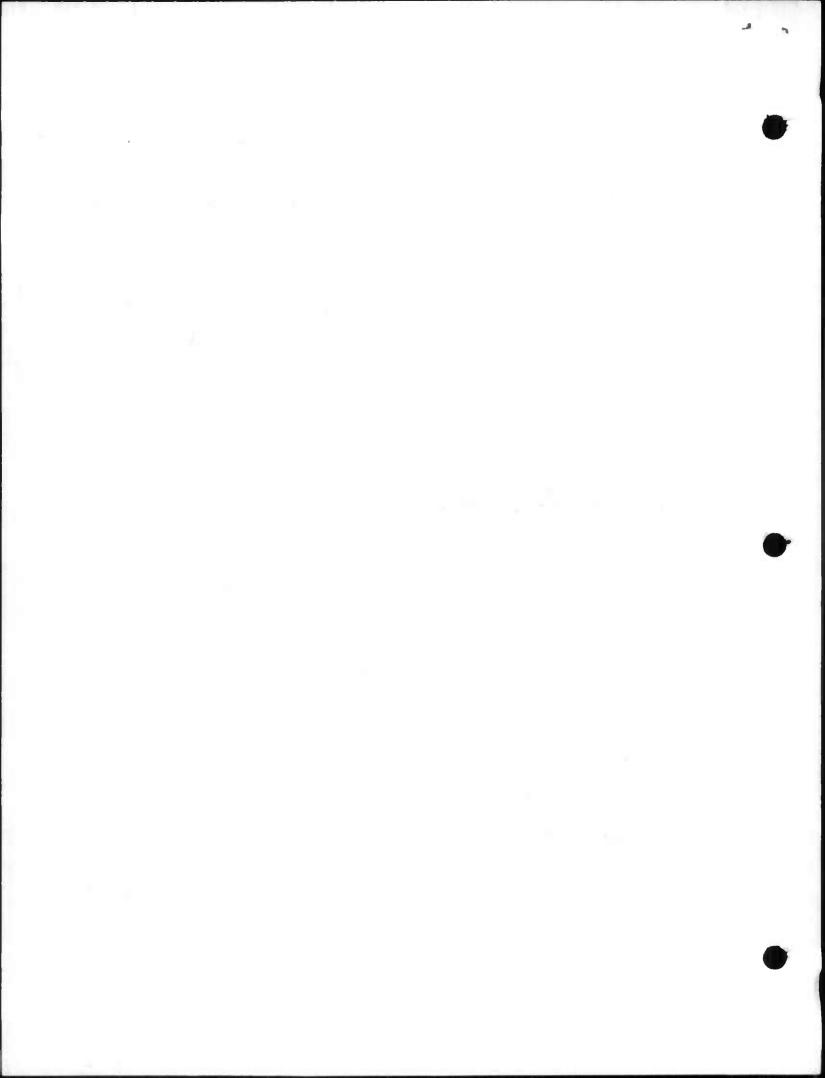
1 - FOR STATE REGISTRAR

		1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		NTAL HYGIENE REG. NO.	
	2000	1. DECEDENT'S NAME (First Alddle, Lgat)	RD, MAR	shall	6	DATE OF DEATH	93 0530 A
pin	1	4. SOCIAL SECURITY NUMBER 5. 214-05-1042	SEX 6. AGE (In yrs. las	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Morth), Day, Year)	B. BIRTHPLACE (State or Foreign Country) Maryland
1, 2, 3 should	ECTOR	9a. EACILITY NAME (If got institution, give, street	Hadreal Con	. 6	OR LOCATION OF DEATH		re Arundel
Pages	DIR	MD 10b. COUNTY Anne A	rundel	10c. CITY, TOWN OR LOCAT			10d, INSIDE CITY LIMITS? 1 YES 2 YNO
m. ansit permit.	FUNERAL	100. STREET AND NUMBER 203 Kirkley Road		101	21401	10g.	CITIZEN OF WHAT COUNTRY? United States
5-0020 nding physician. as the burial-fransit	B¥	11. MARITAL STATUS  1	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 W KES 2 N IF YES, GIVE WAR OR DATES	NO If yes, sp	ENDENT OF HISPANIC ( ecity Cuben, Mexican, P 2 XXO Specify:	ORIGIN? (Specify Yes or No- verto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc. Specify: White
2121	PLETED	15. DECEDENT'S EDUCATIN (Specify only highest grade com	ollege (1-4 or 5 +)	ECEDENT'S USUAL OCCUPATION When kind of work done during mo Do NOT use retired.) UNEX AND OPEN	st of working	Plumbing	and Heating
N P P P P P P P P P P P P P P P P P P P	E COMPLET	17. FATHER'S NAME (First, Michille, Last) William Baldwin M		onec and open		(First, Middle, Meiden Surnem P. Favr	
E, MAR the retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Anne K. Marshall	198	b. MAILING ADDRESS (Stroot o 203 Kirkley	nd Number or Rural Route Road Anno	Number, City or Town, State, upolis, Mary	, zip code) Jland 21401
AORI pe 6 may rector, p		20e. METHOD OF DISPOSITION   Burial 2   Cremation 3   Removal 4   Donation 5   Other (Specify)   SIGNATURE OF FUNERAL SERVICE LICENS	from State cemetery, cre	AND DATE OF DISPOSITION (Na unatory or other place) Argarets Cem	etery 02	-13-93 Anna	I - City or Town, State upolis, Maryland
SALT r death. e funerial. exami		Honcelal S.	Lyfor	147 Du	ike of Glou		Annapolis, MD
ted within 24 hours after completely filled in by the ial, cremation, or remove event, the medical		23. PART I. Enter the diseases, or communications, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the de only one cause on each line  Removed the cause on each line  DUE TO (OR AS A CONSECT	lun	de of dying, such a	a cardiac or respiratory	arreat, Approximata Interval Between Onset and Death
OX 68  be execut sician and order to buri	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):			
T.O. Edition at hygiene progression of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the continuation of the con	CERTIFIC	cause (Disease or injury that initiated events resulting in death) LAST	Part Cx	QUENCE OF):	$\sim$		
OR ATTENDING PHYSICIAN: The law requires that the deatl ORECTOR: After this certificate has been signed by the attendours after death with the State Dept. of Health and Mental tem 28 is marked, or item 23 shows any injury,	MEDICAL	PART II. Other aignificant conditions of	ontributing to death but not n	resulting in the underlying	g cause given in Par	1 . 24a, WAS AN AUTOP PERFORMED? 1 . YES 2 . NO	AMAILABLE PRIOR TO
SICIAN: The law certificate has by the State Dept.	SICIAN:		OSPITAL:	OTHER:	ACE OF DEATH (Check of		
NG PHYSICIA ther this certificath with the marked, or	ВУ РНУ	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		d. DESCRIBE HOW INJURY	OCCURED
OR ATTENDING I DIRECTOR: After hours after death	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, factory, office	24	I. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
	COMPLE		i: To the best of my knowledge, deen the basic of examination and/or it				stated. to the cause(s) and manner as stated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE C	THE SIGNATURE OF CENTIFIER	tum ch-		29c LICENSE NUMBER	29d. I	DATE SIGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO CO	WATK	M 27) (Type, Print)	100 B13	ST GATE	20 ANN
		FEB 1 1 1993	32. REGISTRAR'S SIGNATURE Juha Davidson-N	andelle			21400



age	direc	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	
de	2	_
after	Dy th	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
- Si	5	5
5	Filled	Jn. 0
2	Ne Ne	natic
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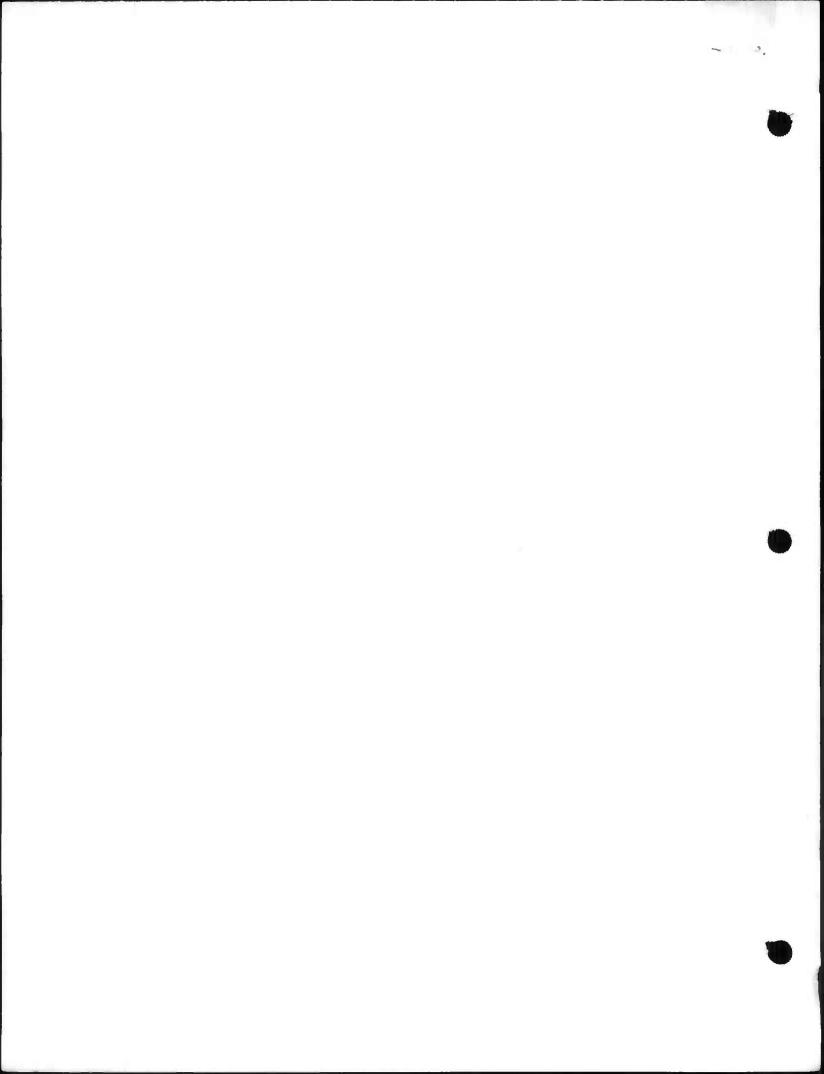
	FOR 1 - STATE	STATE OF I					MENTAL HYGIEN	IE J	03997
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATE OF	DEATH	REG. NO		3. TIME OF DEATH
1	RAYMOND	STANL	EY		MA	y S,S		188	3 08:35 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	July 23,		BIRTHPLACE (State or Foreign Country)
į	212-07-3524 So. FACILITY NAME (If not institution, give		72	YRS.	Db CITY TOWN	OR LOCATION OF		1920	Maryland
R	ST MARYS	_	PITAL	,		VARN.		9c. COUNTY	MADV.
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNT		7777 C		TY, TOWN OR LOCA		000	0/	7-111/15/20
DIR		St. Mary'	S		chanics				10d. INSIDE CITY LIMITS?  1 YES 2 1 NO
FUNERAL	10e. STREET AND NUMBER	, c . 1202 y	~	110		H. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
N H	290 Hancock Drive					20659			.S.A.
-	11. MARITAL STATUS  1 Never Married 2 Married		X YES 2		If yes, s	pecify Cuban, Mexi	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	s or No- 14	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 🗌 YE	3 2 X NO Spe	olly:		Specify: White
ETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)		Give kind of	USUAL OCCUPATE work done during m		16b. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5	+)	6. Do NOT u	esigner		Aircra	aft, Co	omnanu
COMPL	17. FATHER'S NAME (First, Middle, Last)		1	001 1	esigner	18. MOTHER'S	NAME (First, Middle, Maiden		эпрану
ш	William T.	M	ays Sr.			Amy	Teresa	Τι	ırner
0 8	19a. INFORMANT'S NAME (Type/Print)						al Route Number, City or Tox		
	Raymond Stanley M	ays, Jr.				-	more, Maryl		
	1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	ovel from State    20b. PLACE AND DATE   20c. LOCATION — City or Town   DATE   20c. LOCATION — City or Town   Complete, gramatory or other place   Md. Veterans Cemetery   2/4/1993   Cheltenham, N						
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE,	4	OCOL	22. NAME A	NO ADDRESS OF	FACILITY		
Ā	Michaela	Y. Han	Lines	,			Sardiner Fur		ryland 20650
TIFICATION	23. PART I/ Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Anis	ly	t, Approximate Interval Between Onset and Death					
	resulting in death) LAST	d							
That initiated events resulting in death) LAST  DART II. Other significant conditions contributing to death but not usualting in the Underlying Cades given in Part I. 24a. Was AN AUTOPSY DESTORMED?  1 YES 2 NO									24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH	Check only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		3 DOA 28b, TIR		ne 5 Residenc	e 6 Other (Specify)  28d. DESCRIBE HOW	N HIM OCCUP	250
BY PI	1 Natural 5 Pending	(Month, E			JURY W	ORK?	28d. DESCRIBE NOW	MJOHY OCCUP	NEU
3	2 Accident Investigation 3 Suicide 8 Could not be a Homicide	26a. PLACE ( building,	OF INJURY — At I	ome, farm,	street, factory, offic	ce	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN						ue to the cause(e) and ma he time, date and place, ar		euse(s) and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CENTIFE	ill,	7,0			29CETCENSEN	UMBER 8	29d. DATE 5	13/9.5
	30. NAME AND ADDRESS OF PERSON W	EDER				OWD Ma	ryland 2065	50	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		Lonard	Owii, Fla	Lyluna 2000		
	FEB 3 '93	Enlie Do	widson-Ra	ndeble					



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR				CERTII	FIC/	ATE OF	DEAT	H		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)		_							OF DEATH			3. TIME OF DEATH
Alma		Bessie		Ma	hor	ney			Feb	ruary	4 1	993	2:35 Am
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (in	yrs. last birthday	7	INDER 1 YEAR	IF UNDER	24 HRS	7 DATE	OF BIRTH	1, 1		HPLACE (State or Foreign
111011111111111111111111111111111111111		1 🗆 M 2 💢 F	84			THS DAYS	HOURS	MIN.	(Month	Day Year)	000	Count	hrv)
217-03-760			04	i ina.						10,	L908		shington, D.
9e. FACILITY NAME (if not in	stitution, give s	treet and number)			9b.	CITY, TOWN	OR LOCATIO	N OF DE	ATH		9c. COU	NTY OF E	DEATH
St. Mary's	Nursin	g Center			L	eonar	dtown				St	. Ma	ary's
RESIDENCE OF DEC							-						
10e. STATE	10b. COUNTY	Y		10c. C	ITY, TO	WH OR LOCA	ATION						10d. INSIDE CITY LIMITS?
Maryland	St.	Mary's			Hol	lywoo	d						1 TES 2 NO
10e. STREET AND NUMBER						1	of. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
Rt. 1 Box	745						2063	6				U.S.	Δ
11, MARITAL STATUS	743	12. WAS DECEDEN	T EVED IN	II.C. ADMED		12 WAS DE			IC OBIOIN	I? (Specify Yes	an Ma		
1 Never Married 2 😾	Merried	FORCES? 1	YES	2 X NO		If yes, s	pecify Cuban	, Mexican	, Puerto f	Ricen, etc.)	or No-	Blac	E — American Indian, ik, White, atc.
3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DAT	TES .		1 🗌 YE	S 2 NO	Specify:	:			Whit	
													LE
	EDENT'S EDU y highest grade			16e. DECEDENT (Give kind o	f work	done during n	TION nost of working	9	16b.	. KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0	l-12)	College (1-4 or 5	+)	life. Do NOT	use ret	ired.)							
8th Grade				Но	use	wife				Home	9		
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NAM	ME (First, I	Middle, Meiden	Sumame)		
Edward			Va	nPelt			Be	ssie			Ba	ssf	ord
190. INFORMANT'S NAME (	Syna/Print)	-			IG ADI	DESS /Street				ber, City or Tow			
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th													20/10
James W. Ma		<u></u>		260	ınr	ee No	tcn k	oaa,	Cai	iforn:	la, M	1a.	20019
20a. METHOD OF DISPOSIT		noval from State	20b.	PLACE OF DISP other place)	OSITIO	N (Name of c	emetery, crem	atory or		20c. LO	CATION -	City or T	own, State
4 Donetion 5 Other		TOTAL TOTAL GUALG		narles	Men	orial	Gard	ens		Le	eonar	dto	wn, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	_			22. NAME	AND ADDRES	S OF FAC					
Mich	07	Hard				Matti	ngley	-Gar	dine	er Fune	eral	Home	e, P.A.
1/ Juan	ace 1	Zjara	oner			P.O.	Box 2	70,	Leon	ardto	vn. N	lary.	land 20650
23. PART I. Enter the d	iseeses, or	complications the	t ceused	the deeth. Do									
obant out	part fallure				, 1101 6	intar the m	lode of dyli	ng, aucn	1 se care	giec or reap	ratory ar	rest,	Approximate
snock, or n	dert idiore.	Liet only one can	use on as		, 1100 6	intar the m	lode of dyli	ng, auch	1 ae cart	niec or resp	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Fir		Liet only one can	use on as		/ //	0				diec or reap	ratory ar	rest,	
		e. TSP	IRA		f	0	Card			alec or reap	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Findisease or condition		. Asp	IRA		f	0				diec or reap	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nal →	. Asp	IRA	th line.	f	0				alec or reap	ratory ar	rest,	Interval Between
iMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit	nal → ions,	•. <u> </u>	OR AS A	th line.	OF):	0				alec or resp	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	ions,	•. <u> </u>	OR AS A	CONSEQUENCE	OF):	0				died or resp	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or inju	lons, diste	b. DUE TO	OR AS A	CONSEQUENCE	OF):	0				diec or reap	ratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY	ions, diete iNG	b. DUE TO	OR AS A	CONSEQUENCE	OF):	0				diec or resp	ratory ar	rest,	Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mished by me trending physician and completely filled in by the funeral director, page 5 should is mished in the sea as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

_	TIEGIOTIVAL		OLKITIC	ALE OF DEA	1 [7]	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	HENRY LOUIS	MTITED ON	07//	2.0	ATE OF DEATH	YEA	3. TIME OF DEATH
	HENRY		PILLILIEN, PR	71 LLE	KI	1-25-	93"	10:05 am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER	- 75	ATE OF BIRTH forth, Day, Year)	8. Bi	RTHPLACE (State or Foreign untry)
	574-12-2837		NO YRS.	NTHS DAYS HOURS				LASKA
_	9a. FACILITY NAME (If not institution, give s	street and number)	· / / 9t	CITY, TOWN OR LOCATE	ON OF DEATH		9c. COUNTY O	F DEATH
6	St. 116143	7/05P	ital /	-conara	tow		St.	Marus
[	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c CITY TO	OWN OR LOCATION				10d. INSIDE CITY
DIRECTOR								LIMITS?
	MARYLAND ST M  100. STREET AND NUMBER	ARY'S	LEXI	NGTON PARK			10a CITIZEN C	1 YES 2 NO
FUNERAL	153 GUNSTON DRIVE							
=	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	20653 13. WAS DECENDENT OF		IIGIN2 (Specify Vec.	UNITE	STATES ACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cubs 1 ☐ YES 2 ☒ NO	n, Mexican, Pue	rto Rican, etc.)		lack, White, atc.
B	3 Widowed 4 Divorced	1934-1971		I I I I I I I I I I I I I I I I I I I	эреспу:			pecity: HTTF:
9	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USA	JAL OCCUPATION done during most of working		16b. KIND OF BUS		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)	70			
₽ P	12	8	NAVY O	FETCER		US NAVY	/DEFEN	SE
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTI	HER'S NAME (FI	rst, Middle, Meiden S	Surnema)	
TO BE COM	FRANK MILLER			MAF	RY MERH	AR		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street and Number	or Rural Route I	Number, City or Town.	State, Zip Code,	,
#6	LUCILLE D. MILLER			VSTON DRIVE	LEXI	NGTON PA	RK MD	20653
100	20a. METHOD OF DISPOSITION 1 M. Burlal 2 Cremation 3 Rem		b. PLACE AND DATE OF D metary, crematory or other			DATE 20c. LOC	ATION - City o	Town, State
	4 Donation 5 Other (Specify)		RLINGTON N	ATTONAL	2/8/		INGTON	VIRGINIA
avanna	21. SAGRECTURE OF FUNERAL SERVICE LE	Chen		BRINSFIEI				
	MICHAEL K. E	BLANKENSHIP		59 N. WAS				ARDTOWN MD
	23. PART i. Enter the diseases, or	complications that cause	ed the death. Do not	antar the moda of dy	ing, such an	cardiac or respir	atory arrest,	Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	each line.					interval Between Onset and Death
8	disease or condition	0, 18, 15	Room	Parion				Cinact and Death
evers.	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	Jana	ME			
		· Card	Asser	Henrica				İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	0	0			
3	CAUSE (Disease or injury	a Chr	18810	Yulu	d	read	6	
TIFIC	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
5 8	resulting in death) LAST	d						
	PART II. Other significent condition	na contributing to death	but not resulting in t	he underiving cause of	given in Part i	. 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL		- 22				PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 [] YES 2	NO	OF DEATH?
2								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		26. PLACE OF D	FATH (Chack on	Av one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	Nursing Home 5 Re		DESCRIBE HOW IN	JUBY OCCUBE	
BY PI	1 Netural 5 Pending	(Month, Day, Year)	INJURI	WORK?  M 1 YES 2	1000		SOIL GOODHE	
	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJUR	Y — At home, farm, stree			LOCATION (Street or	nd Number or Ru	ral Anuta Number
	4 Homicide B Could not be determined	building, atc. (Spi	ecify)			City or Town, State)		a. Francisco,
COMPLETED	294. CERTIFIER 1 TO CERTIFYING DAVE	ICIAN: To the heat of my hour	and a second second second second second second second second second second second second second second second		4.4			
- ₽		ICIAN: To the best of my known. ER: On the basic of examination						
BE COMPLE						oute and place, and		
8	296. SIGNATURE AND TITLE OF CERTIFIED	B.	FINALINEW	29c. LICE	ENSE NUMBER		29d. DATE SIGN	(Month, Day, Year)
- I m			1000	D	33470		1/2	5/95
10	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE DE O	FATH (ITEM 27) (Temp Car	n#1				
	30. NAME AND ADDRESS OF PERSON WH							
	Dill Cies	M.D. SHAH	ASSOCTATES		OWN MZ	ARYI.AMD	20650	
	BHASKER JHAVERI.	M.D. SHAH	ASSOCIATES		OWN MZ	ARYLAND :	20650	



		Pages 1, 2, 3 should
15-0020	mending physician.	as the burial-transit permit. F
BALTIMORE, MARYLAND 91215-0020	executed within 24 hours after death. Page 6 may be retained by the hospital or	and completely filled in by the funeral director, page 5 should be determine use as the burial-transit permit, Pages 1, 2, 3 should
BALTIMORE	urs after death. Page 6 may	in by the funeral director, pa
68760,	executed within 24 hor	and completely filled

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at at

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH	
LEONARD MILGRIM										JANUARY 23 1993			1:50 A M	
4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest birthd		lest birthday)			1	DER 24 HRS. 7. DAT		DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
223-34-6793 1x M 2 D F 67		YRS.	MONTHS	DAYS	WE HOURS MIN.		(Month, Day, Year) FEB 19		Country)		W RGINIA			
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CIT	r, TOWN	OR LOCATIO	ON OF DE		19,	16.0	NTY OF D		
PATUXENT RIVER NAVAL HOSPITAL						PATUXENT RIVER ST. MARY'S						RY'S		
10a. STATE	10b. COUNTY			10c, CI	TY, TOWN OR LOCATION						10d, INSIDE CITY			
MARYLAND	STP N	CE MARVIE											LIMITS?	
MARYLAND ST. MARY'S I.F.					XINGTON PARK  101, ZIP CODE						1 YES 2X NO			
RT. 1 BOX 84A						20652					UNITED STATES			
RT 1 BOX 84-A  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED						13. WAS DECENDENT OF HISPANIC ORIGIN?								
1 Never Married 2 Married FORCES? 1 VES				2 NO If yes, specify Cuban, Mexican,					i, Puerto Rican, etc.)			Black Speci	— American Indian, c, Whita, etc.	
3 Widowed 4 Divo	rced	1943-19	967	THE PER PER NO Specify:						7.			TTE	
	EDENT'S EDUC		16e.	DECEDENT'S			TON nost of working	a	16b. F	CIND OF BUS	INESS/IN		***	
Elementary/Secondary (0	1	College (1-4 or 5	+)	life. Do NOT u	ise retired.)	uumg n	rost or working	<i>y</i>						
12			EI	ECTRO	NIC	TECH	INICIZ	M	LC	IVIL	SERV	ICE		
17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	ER'S NA	ME (First, Mic	ddle, Maiden	Sumame)			
BENJAMEN FRA	NKLIN	MILGRIM					TRU	DY .	JANE	LARGE	V			
19a. INFORMANT'S NAME (7)	(pe/Print)			19b. MAJLING	ADDRES	S (Street	and Number	or Rural F	Toute Number	City or Town	, State, Zip	Code)		
FRANCES I. M	ILGRIM	1		RT. 1	. BO	X 84	1-A. I	EXII	VGTON	PARK	. MAI	RYLAN	VD 20653	
20a. METHOD OF DISPOSITI		wat from State		CE AND DATE			Vame of		DATE	2		City or To		
4 Donation 5 D Other	(Specify)_	91		T CREI				_ 1/	/25/91	3 WALL	ORF.	MAR	RYLAND	
21. SIGNATURE FUNERAL	179 YO	Part /	//	in the case of the			AND ADDRES							
EDWARD N	DDTN	ICHTELD.	JR. MO	0052			VSFIEL							
23. PART I. Enter the di	seases, or c	omplications the		0052	not enter	the m	ORTH	WASI	HINGTO	ON ST	RET.	LEC	NARDTOWN M	
shock, or ne	eart failure. L	lat only one cau	se on each I	Ine.			oda or dyn	19, 2001	- cardie	ic or respi	atory ar	wat,	Approximate interval Batween	
IMMEDIATE CAUSE (Fin disease or condition	al	/Y/.	clas	love		/	~	, ,	-	000	"		Onset and Death	
disease or condition resulting in death)  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):														
		502 10	(On AS A CON	SEPUENCE (	rr):		0							
Sequentially list conditi		DUE TO	(OR AS A CON	SEDUENCE O	F):	_								
if any, leading to immed cause. Enter UNDERLY					. ,,								i 1	
CAUSE (Disesse or Inju- that initiated events	ry 🏅 °	DUE TO	(DR AS A CON	SEQUENCE O	HF):									
resulting in death) LAS	Т 🗳													
PART II. Other significant conditions contributing to death bu		death but no	not resulting in the underlying cause given in Pr				Part I. 24a. WAS AN AUTO PERFORMED			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
								,	YES 2			COMPLETION OF CAUSE OF DEATH?		
												1 YES 2 ND		
	_													
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	/			$\overline{}$	PLACE OF DE	ATH (Che	ck only one)					
1 YES 2		1   Inpatient 2	ER/Outpetient	3 🗆 00A	4 Nur		me 5 🗆 Rec	idence	6 🗆 Other (	Specify)				
27. MANNER OF DEATH		28s. DATE OF (Month, D	INJURY N. Wart	29h. TW	IE OF JURY		DRK?		26d. DESCI	RIBE HOW IN	JURY OC	CURED		
	Pending nvsetigation	7,00000	37117000		м		YES 2	NO						
3 🗌 Suicide   6 🗍 (	Could not be	28s. PLACE O building.	F INJURY At etc. (Specify)	home, farm,	street, fact	ory, offi	Co			IDN (Street a	nd Number	or Rural R	loute Number,	
4   Homicide c	Setermined	terestive.	-						City of	Town, State)				
29a, CERTIFIER	FYING PHYSIC	IAN: Je the best of	my knawledge.	desth occurr	ed at the t	lma, dat	a and place.	and due	to the cause	(a) and man	nor on elei	ed.		
	CAL EXAMINE												and manner as stated.	
296. SIGNATURE AND TITLE	OF CENTIFIER	1	-6	4		10,000	1							
	1	ul	un				29c. LICE				29d, DATI	2	(Month, Pay, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E DE DEATH #	TFM 270 /5	Delas 1		L D 3	4198			14		110	
						_						-		
DAVID M. FEDERLE, M.D. 600 MOAKLEY STREET, LEONARDTOWN, MARYLAND 20650  31. DATE FILED (MONTH, pdf, 1601)  JAN 26 '93  Julia Davidson-Randelle														
far:	26 '93	Lil	Davidso	n-Rand	all								1	
/ UAIN	~ U JU	yun	7 to 44 f - 144	•										



